

FILED AUG 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24080

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) Princeton		c. CITY (If outside corporate limits, write RURAL and give township) Princeton, Mo.	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Ruth	b. (Middle) Ann	c. (Last) Moore	4. DATE OF DEATH (Month) (Day) (Year) July 26-50
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 12, 1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady	10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	11. BIRTHPLACE (State or foreign country) Mercer Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Elisha Wood	13b. MOTHER'S MAIDEN NAME Sarah Hart	14. NAME OF HUSBAND OR WIFE Virgil Moore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 496-07-0124	17. INFORMANT'S SIGNATURE OR NAME Virgil Moore	ADDRESS Princeton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General peritonitis		INTERVAL BETWEEN ONSET AND DEATH 10 da.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) adhesions of small and large intestines		5 yr.
	DUE TO (c) Intestinal obstruction		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			522X

19a. DATE OF OPERATION 7-19-50	19b. MAJOR FINDINGS OF OPERATION adhesions of decending colon 24 inches of small intestine adhered.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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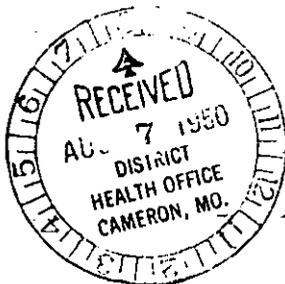
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-14-43**, 19___, to **7-26-50**, 19___, that I last saw the deceased alive on **7-26-50**, 19___, and that death occurred at **4:30A** m., from the causes and on the date stated above.

23a. SIGNATURE Byron J. Cytell (Degree or title) V D.O.	23b. ADDRESS Princeton, Missouri	23c. DATE SIGNED 7/28
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24a. BURIAL, CREMATION, REPOVAL (Specify) Burial	24b. DATE 7-28-50	24c. NAME OF CEMETERY OR CREMATORY Princeton Cem.	24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.
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DATE REC'D BY LOCAL REG. 8-1-50	REGISTRAR'S SIGNATURE M. J. Ruth	25. FUNERAL DIRECTOR'S SIGNATURE 393 ADDRESS Martin Funeral Home Princeton, Mo.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Frank Martin

Signed.....

Student Embalmer

Licensed Embalmer No. *3760*

P. O. Address *Princeton Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.