

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26099

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 927			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison 1410					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hatfield		1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Meth. Hospital				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) Virginia			a. (First) Virginia		b. (Middle) --		c. (Last) Moore		
4. DATE OF DEATH Aug. 12, 1950		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 6, 1917	
9. AGE (In years last birthday) 32		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Clarence, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Byron D. Drake			13b. MOTHER'S MAIDEN NAME Lela Newkirk			14. NAME OF HUSBAND OR WIFE Gale L. Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gale Moore, Hatfield, Missouri					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. Ruptured pregnant uterus. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) Nephritis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ruptured uterus Abdominal hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 12 days 6 4 20	
19a. DATE OF OPERATION 7-29-50		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July 25, 1950 to Aug 12, 1950, that I last saw the deceased alive on Aug 12, 1950, and that death occurred at 11:15 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Paul J. Jorgensen M.D.				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 8-14-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8/12/1950		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Grant City, Missouri			
DATE REC'D BY LOCAL REG. Aug 16, 1950		REGISTRAR'S SIGNATURE E. B. Jenkins		387 1/2 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS St. Joseph, Mo.			

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

question *in the purpose of having the*
interment (a)

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 _____

William Spalding

working under my personal supervision.

Student Embalmer No.

Signed *William Spalding*

Signed *Spalding*
Student Embalmer

Licensed Embalmer No. *4535*

P. O. Address *319 S. 1st St. N. Memphis, Tenn.*

~~over~~ 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.