V.S. No. 300
Rev. 10-48

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26694

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4215 Registrar's No. 281

0420

(Correction from card)

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

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brownington Mo R.F.D. 2
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brownington Mo R.F.D. 2
d. STREET ADDRESS (If rural, give location): 0420

3. NAME OF DECEASED (Type or Print)
a. (First): Eula
b. (Middle): Elizabeth
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): August 12 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 20-1889
9. AGE (In years last birthday): 61 — If under 1 year: Months 0, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Mardis
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND ~~OR WIFE~~: Hugh Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mr Hugh Moore Brownington Mo — ADDRESS: R.F.D. 2

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 11:15A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh B. Walker, MD Coroner
23b. ADDRESS: Clinton, Mo.
23c. DATE SIGNED: 14 Aug. 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 15-50
24c. NAME OF CEMETERY OR CREMATORY: Englewood Cemetery
24d. LOCATION (City, town, or county) (State): Clinton Mo

DATE REC'D BY LOCAL REG.: Aug 15-50
REGISTRAR'S SIGNATURE: Florence Adair 422
25. FUNERAL DIRECTOR'S SIGNATURE: Tom Hurst — ADDRESS: Deepwater Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-21
DISTRICT HEALTH OFFICE No. 3
District File Number .....
Date Filed 8-21-50

AUG 12 1952

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Dugmater 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.