

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27727

State File No. \_\_\_\_\_  
Registrar's No. 28 0770

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5887

1. PLACE OF DEATH a. COUNTY <u>Osark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Osark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Caulfield Mo. R. Bayview Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caulfield - Rural - Bayview Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osark Co. Bayview Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route - Bayview Twp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>ELI</u> c. (Last) <u>MOORE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 23 - 1948</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-3-1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Railroad Men - Farmer - Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kankakee Co. - Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Theo. Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Davidson</u>	14. NAME OF HUSBAND OR WIFE <u>Evel Moore</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Evel Moore Caulfield M.R.R.</u>	ADDRESS <u></u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>1/222</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute dilatation of heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c).		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 2-11, 1948, to 8-6, 1949, that I last saw the deceased alive on 8-6, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. S. Basso D.O.</u>	23b. ADDRESS <u>Bakersfield, Mo.</u>	23c. DATE SIGNED <u>8-26-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/27/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bakersfield Cemetery</u>	24d. LOCATION (City, town or county) <u>Bakersfield Mo. Bayview Twp.</u>
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DATE REC'D BY LOCAL REG. <u>8-30-50</u>	REGISTRAR'S SIGNATURE <u>William Cogswell</u>	405 FUNERAL DIRECTOR'S SIGNATURE <u>Clint Kingham</u>	ADDRESS <u>Furness Home Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED SEP 4 1950

Dist. File 950-1879

Date Filed Sept 8 1950

OCT 19 1950

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 Robert P. Roof

Licensed Embalmer No. 3088

P. O. Address Springville 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.