No. 300
10.48

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32420

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4526 Registrar's No. 24

380

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1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sheldon
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: MISSOURI
b. COUNTY: VERNON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sheldon
d. STREET ADDRESS (If rural, give location): 1080

3. NAME OF DECEASED (Type or Print)
a. (First): ~~LEWIS~~ LOUIS
b. (Middle): CASS
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): 9/16/50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 8/20/1857
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): ~~Petters~~ PETTIS, CO. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Thomas J. Moore
13b. MOTHER'S MAIDEN NAME: Elizabeth Coatts
14. NAME OF HUSBAND OR WIFE: Betty Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Harry Moore Sheoldon, Mo.

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): Pneumonia (lobar)

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.*: old age

INTERVAL BETWEEN ONSET AND DEATH: 3 days; 400 X

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* Sept 13, 19__, *to* Sept 16, 1950, *that I last saw the deceased alive on* Sept 16, 1950, *and that death occurred at* 6:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): DR. Guldner M.D.
23b. ADDRESS: LAMAR
23c. DATE SIGNED: 9.18.50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/18/50
24c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetary
24d. LOCATION (City, town, or county) (State): Bates Co. Mo.

DATE REC'D BY LOCAL REG.: Sept 22 1950
REGISTRAR'S SIGNATURE: Mrs Ruth Faith
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: L. Gerald Beeny Sheldon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 17 1950

OF HEALTH OF MO.
Springfield
26 1950
Dist. File 950 - 2006
Date Filed 9-28-50

OCT 18 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 L Gerald Beery

Licensed Embalmer No. 4283

P. O. Address Shelbina 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.

State of MO
County of Vernon } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 32420
Local Registrar's No. 24

On this 8 day of Nov, 1950 before me appears Harry M. Moore, who, upon his oath, states that the original record of ~~birth~~ death for Louis C. Moore, died Sept 16, 1950, in the State of Missouri, and which was filed at Jefferson City MO on 1102, 1950, should be corrected as follows:

Item No. ..... should read .....
Instead of .....
Item No. 3 should read Louis
Instead of Lewis
Item No. 11 should read Pettis Co, MO
Instead of Petters MO
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Harry M. Moore Son
Relationship.

Sheldon, MO. R2
Present Address.

Subscribed and sworn to before me this 8 day of Nov, 1950

My Commission expires May 2, 1952 T. P. Wiechitt Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
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