

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33850

State File No.

Byrd
0492

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

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1235 James St.,		d. STREET ADDRESS (If rural, give location) 1235 James St.,	
3. NAME OF DECEASED (Type or Print) a. (First) Jerard b. (Middle) Baker c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 14, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown	9. AGE (In years last birthday) 83
13a. FATHER'S NAME Abraham Moore		13b. MOTHER'S MAIDEN NAME Amy Jane Babbitt	14. NAME OF HUSBAND OR WIFE Adda Moore (Deceased)
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Old Family Records
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH unknown	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
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.			
19a. DATE OF OPERATION		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 <u>16 Oct.</u> , 1950, to <u>30 Oct.</u> , 1950, that I last saw the deceased alive on <u>21 Oct.</u> , 1950, and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W E Byrd M. D.		23b. ADDRESS Carthage Mo.	23c. DATE SIGNED 1 Nov. 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-2-1950	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery.	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
DATE REC'D BY LOCAL REG. 11-1-50	REGISTRAR'S SIGNATURE LB Clinton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.	

RECEIVED 11-6-50

Jasper County Health Office

County File Number 50/10/796

Date Filed 11-8-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Gene C. Pugh

Gene. C. Pugh.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.