

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37724

State File No.

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>201</u> | | PRIMARY REG. DIST. NO. <u>4354</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Macou</u> | | b. CITY OR TOWN <u>Atlanta</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Macou</u> | |
| c. LENGTH OF STAY (In this place) <u>12 mo</u> | | c. CITY OR TOWN <u>Atlanta</u> | | d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | d. STREET ADDRESS <u>Williams St</u> | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Mrs Etta</u> | | b. (Middle) | | c. (Last) <u>Moore</u> | |
| 4. DATE OF DEATH | | Month <u>11</u> | | Day <u>23</u> | | Year <u>1950</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH | |
| 9. AGE (In years last birthday) | | 10. MONTHS <u>61</u> | | 11. DAYS <u>6</u> | | 12. HOURS <u>1</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping in our home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Charles Bonifield</u> | | 13b. MOTHER'S MAIDEN NAME <u>Manda Giffie</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jim Moore (dead)</u> | | | |
| 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>Hollis Moore</u> | | ADDRESS <u>Bevier mo</u> | |
| 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>few hrs</u> | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) <u>Generalized Arteriosclerosis</u> | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>4201</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>abrasions arms & legs</u> | | | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J.B. Stokes, M.D. Coroner 3</u> | | | | 23b. ADDRESS <u>Excelsior, Mo.</u> | | 23c. DATE SIGNED <u>11/24/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Nov 26 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Steel Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Independence Township Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov 25 1950</u> | | REGISTRAR'S SIGNATURE <u>Mrs O B Giffie</u> | | 186 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Humboldt</u> | |
| | | | | | | ADDRESS <u>Atlanta Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

3610

RECEIVED 11.28.50
MACON COUNTY HEALTH DEPARTMENT
County File No. 11-50-218
Date Filed 11.30.50

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, ~~per~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed B. M. Goodding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.