

FILED JAN 11 1951

STANDARD CERTIFICATE OF DEATH

40111
State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO: 5247 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salisbury twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salisbury twp</u>	
c. LENGTH OF STAY (in this place) <u>all</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi S.E. Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi S.E. Salisbury</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelia</u> b. (Middle) <u>Emma</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 13 1880</u>	9. AGE (In years last birthday) <u>70</u>	10. IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>James F Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Cornelia Stacy</u>	14. NAME OF HUSBAND OR WIFE <u>Tom Moore</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>Thomas Moore</u> ADDRESS <u>Salisbury 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		<u>2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>generalized atherosclerosis</u>		<u>4 yrs.</u> <u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4721</u>			

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) _____
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? _____

22. I hereby certify that I attended the deceased from April 5, 1946 to Dec 19, 1950, that I last saw the deceased alive on Dec 17, 1950 and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. Harms</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Salisbury Mo</u>	23c. DATE SIGNED <u>12-26-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Chariton Mo</u>
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DATE REC'D BY LOCAL REG. <u>12/27/50</u>	REGISTRAR'S SIGNATURE <u>H. W. Kautz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George B. Winkelmeyer</u> ADDRESS <u>Salisbury Mo</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: JAN 2 1951
DISTRICT HEALTH OFFICE
District File Number 1-57-
Date Filed: JAN 10 1951

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 *Chas B Winkelmeyer*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury Md*

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.