

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40216

State File No. \_\_\_\_\_

FILED DEC 27 1950  
12-12-50  
BIRTH NO. 79548-50

REG. DIST. NO. 99

PRIMARY REG. DIST. NO. 4153  
Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Golden City</b>	8060
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lockwood Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARIE</b> b. (Middle) <b>ANNETTE</b> c. (Last) <b>MOORE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 11, 1950</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 11, 1950</b>	9. AGE (in years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>11</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>1</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Lockwood, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Earl R. Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Mayme Nellie Taylor</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>0</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EARL R. MOORE GOLDEN CITY, MO.</b>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxia</b> <b>Prematurity</b> 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.			INTERVAL BETWEEN ONSET AND DEATH <b>one hour</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>1</b>
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22. I hereby certify that I attended the deceased from **12-11-1950**, to **12-11-1950**, that I last saw the deceased alive on **12-11-1950**, and that death occurred at **12:45pm**, from the causes and on the date stated above.

23a. SIGNATURE <b>Max Heilbrunn M.D.</b> (Degree or title)		23b. ADDRESS <b>Lockwood, Mo.</b>	23c. DATE SIGNED <b>12-12-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 12, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Golden City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-12-50</b>	REGISTRAR'S SIGNATURE <b>Geo. L. Weir 79</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Phillips Funeral Home Golden City, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 18 1950

Dist. File 1250-2531

Date Filed 12-21-50

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.....

*Not Embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*H. F. Rugh*

Licensed Embalmer No. ....

*3278*

P. O. Address.....

*Golden City, 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.