

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43519

State File No.

0220
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BIRTH NO. _____ REG. DIST. NO. 17 PRIMARY REG. DIST. NO. 4118 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Christian Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. <u>Christian Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sparta</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sparta</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sparta Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Sparta Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alice</u>	b. (Middle) <u>Margarete</u>	c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27. 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov 4. 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>A</u>
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13a. FATHER'S NAME <u>Edward Moore</u>	13b. MOTHER'S MAIDEN NAME, <u>Sarah L Cunningham</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ed Moore. Springfield Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Dilatation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arteriosclerosis</u>		
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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1950, to Dec-27, 1950, that I last saw the deceased alive on Dec-26, 1950, and that death occurred at 1 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>D. Harris Wilson D</u> (Degree or title)	23b. ADDRESS <u>Sparta, Mo.</u>	23c. DATE SIGNED <u>Jan. 9-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 29.50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McHaffie Gemetry</u>	24d. LOCATION (City, town, or county) (State) <u>Christian Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 1-1951</u>	REGISTRAR'S SIGNATURE <u>Lillie Barr</u> 58	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin. Ozark Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 23 1951

Dist. File 251-282

Date Filed 2-3-51

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.