

FILED MAR 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9558

Registrar's No. 88

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5935		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> 8804			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 miles east of Sedalia</u>				d. STREET ADDRESS (If rural, give location) <u>1800 East 7th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILBUR</u>		b. (Middle) <u>FRANCIS</u>		c. (Last) <u>MOORE</u>	
4. DATE OF DEATH		Month <u>March</u>		Day <u>5</u>		Year <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct. 31, 1929</u>		9. AGE (In years last birthday) <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Glass Mfg.</u>		11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James L. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Ann Garrett</u>		14. NAME OF HUSBAND OR WIFE <u>*****</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James L. Moore, 1800 E. 7th</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull as result of collision between automobile and railroad train</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of collision between automobile</u> DUE TO (c) <u>and railroad train</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8/04</u> <u>27</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>n80</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad crossing</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pettis Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAR 5 1951 7:15 P.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Hit by railroad train while driving car across crossing</u>			
22. I hereby certify that I attended the deceased from <u>as Person</u> , to <u>as Person</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>7:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. Gordon Lewis</u>				23b. ADDRESS <u>Coroner, Pettis County</u>		23c. DATE SIGNED <u>3-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/8/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/10/51</u>		REGISTRAR'S SIGNATURE <u>A. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. ...</u> ADDRESS <u>Sedalia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 3-19-51

MAR 21 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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.