

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15353**

087

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

| | | | | | | | |
|--|--|---|---|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>360</u> | | PRIMARY REG. DIST. NO. <u>3076</u> | | Registrar's No. <u>75</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u> | | c. LENGTH OF STAY (In this place) <u>3 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u> | | <u>1082</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>323 W. Austin</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>James M</u> | | b. (Middle) <u>Marvin</u> | | c. (Last) <u>Moore</u> | |
| 4. DATE OF DEATH | | (Month) <u>April</u> | | (Day) <u>12</u> | | (Year) <u>51</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>May 29, 1872</u> | |
| 9. AGE (In years last birthday) <u>78</u> | | # UNDER 1 YEAR Months | | # UNDER 1 YEAR Days | | # UNDER 1 YEAR Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction P't.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Samuel Moore</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Bone</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Carrie Beers Moore</u> | |
| 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. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charlyne McDaniels Nevada, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> 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. 19a. DATE OF OPERATION <u>✓</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> |
| 19b. MAJOR FINDINGS OF OPERATION | | 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) <u>4201</u> | | | |
| 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 <u>April 5, 1951</u> , to <u>April 12, 1951</u> , that I last saw the deceased alive on <u>April 11, 1951</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Raymond J. ...</u> | | | | 23b. ADDRESS <u>Wood Bldg Nevada Mo</u> | | 23c. DATE SIGNED <u>4/12/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/13/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>4-18-51</u> | | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Marsh ...</u> | | ADDRESS <u>Nevada, Mo.</u> | |

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

RECEIVED APR 23 1951

Dist. File 457-863

Date Filed 4-23-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Marsh Eichinger

Signed.....

Student Embalmer

Licensed Embalmer No. 2656

P. O. Address. Nevada, 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.