

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17510

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hornersville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hornersville 0779	
c. LENGTH OF STAY (in this place) 4 Years		d. STREET ADDRESS (If rural, give location) Star Route 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Star Route			

3. NAME OF DECEASED (Type or Print) a. (First) Edgar b. (Middle) _____ c. (Last) Moore			4. DATE OF DEATH (Month) (Day) (Year) May 8, 1951		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 27, 1926	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME A. B. Moore	13b. MOTHER'S MAIDEN NAME Alberta Lee	14. NAME OF HUSBAND OR WIFE Single
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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) No X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. C. Moore Star Route Hornersville, Mo.
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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, 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) Burned up in house fire		
	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.		6/16/51 6/16/51	

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 (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hornersville Pemiscot Mo.
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21d. TIME (Month) (Day) (Year) (Hour) May 8, 1951 11P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Burned up in his home while asleep
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James A. Dabern Coroner	23b. ADDRESS Wardell, Mo.	23c. DATE SIGNED 5-9-51
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24. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-8-51	24c. NAME OF CEMETERY OR CREMATORY Gobler Cemetery	24d. LOCATION (City, town, or county) (State) Gobler, Mo.
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DATE REC'D BY LOCAL REG. 5-31-51	REGISTRAR'S SIGNATURE John W. Gorman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Caston Funeral Home, Blytheville, Ark.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

780

6-51-138

REC-51100

JUN - 2 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.