

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19838

State File No.

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Sentry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u>		d. STREET ADDRESS (If rural, give location) <u>601 Orton street</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 Orton street</u>			d. STREET ADDRESS (If rural, give location) <u>601 Orton street</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jasper</u> b. (Middle) <u>G.W.</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Nov 27 1863</u>		9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>14</u> IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Jasper Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stutzman</u>	14. NAME OF HUSBAND OR WIFE <u>Armanda Moore</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y or N, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.F. Moore New Hampton MO</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic interstitial nephritis</u>		DUE TO (b) <u>Chronic interstitial nephritis</u>			<u>Unknown</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>arteriosclerosis and Hypertension</u>			<u>Unknown</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 <u>446X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

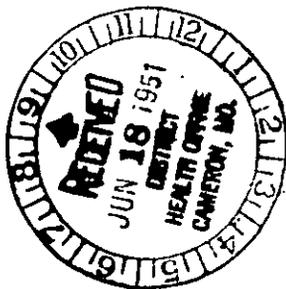
22. I hereby certify that I attended the deceased from June 12th, 1951, to June 16th, 1951, that I last saw the deceased alive on June 10th, 1951, and that death occurred at 5 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>W.S. Campbell MD</u> (Degree or title)		23b. ADDRESS <u>Albany MO</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Hampton MO</u>	
DATE REC'D BY LOCAL REG. <u>June 14 1951</u>		REGISTRAR'S SIGNATURE <u>Edith Childs</u> 430		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.H. Noble New Hampton MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1380



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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. H. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton, 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.