

FILED JUL 11 1951

# STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 59

**1. PLACE OF DEATH**  
 a. COUNTY Taney  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Branson Rural  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Shago Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Taney  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Branson 1060  
 d. STREET ADDRESS (If rural, give location) 0

**3. NAME OF DECEASED**  
 a. (First) John b. (Middle) Lewis c. (Last) Moore  
 (Type or Print)  
**4. DATE OF DEATH** (Month) (Day) (Year)  
6 22 - 51

**5. SEX** M **6. COLOR OR RACE** W  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
Married  
**8. DATE OF BIRTH** Nov. 10-1878  
**9. AGE** (In years last birthday) 72 **# UNDER 1 YEAR** Months 8 **# UNDER 6 WKS.** Days \_\_\_\_\_ Hours \_\_\_\_\_ Mins. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired  
**10b. KIND OF BUSINESS OR INDUSTRY** Merchant  
**11. BIRTHPLACE** (State or foreign country) Forythe Mo  
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** William H Moore  
**13b. MOTHER'S MAIDEN NAME** Dora L Moore  
**14. NAME OF HUSBAND OR WIFE** Annie J. Moore

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service)  
**16. SOCIAL SECURITY NO.** none  
**17. INFORMANT'S SIGNATURE OR NAME** Annie L Moore **ADDRESS** Hollister Mo

**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.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Cerebral Hemorrhage  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Diabetes + High Blood Pressure  
 DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH**  
5 da  
10 yr

**18a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION:** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**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)** 331x  
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** 6-14, 1951, to 6-21, 1951, that I last saw the deceased alive on 6-21, 1951, and that death occurred at 6-2m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) Harry T. Ewins M.D. **23b. ADDRESS** Branson Mo **23c. DATE SIGNED** 6-28-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **24b. DATE** 6-25-51 **24c. NAME OF CEMETERY OR CREMATORY** Gate Memorial **24d. LOCATION** (City, town, or county) (State) Branson Mo

**DATE REC'D BY LOCAL REG.** 6-28 51 **REGISTRAR'S SIGNATURE** J E Caswell **376** **25. FUNERAL DIRECTOR'S SIGNATURE** R. D. Whelchel **ADDRESS** Branson Mo

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

060

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.....

*Miriam F. Whelchel*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2277*

P. O. Address *Branson, 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.