

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24205

0940

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins	
d. TOWN NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print) a. (First) Christine b. (Middle) c. (Last) Moore			4. DATE OF DEATH (Month) (Day) (Year) Aug-3-1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 5-1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 9 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Doe Run, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Turpin		13b. MOTHER'S MAIDEN NAME Francois Roenstengel		14. NAME OF HUSBAND OR WIFE James W. Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James W. Moore Elvins, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular disease		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Brain Eyes			

19a. DATE OF OPERATION		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) 4221	
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 **Oct 19 1950** to **Aug 3 1951**, that I last saw the deceased alive on **Aug 2 1951**, and that death occurred at **5:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Foster (Degree or title) MD		23b. ADDRESS Desloy Mo		23c. DATE SIGNED 8-4-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug-5, 1951		24c. NAME OF CEMETERY OR CREMATORY IOOF Ceme Doe Run		24d. LOCATION (City, town, or county) (State) Doe Run Missouri	
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DATE REC'D BY LOCAL REG. Aug 5, 1951		REGISTRAR'S SIGNATURE Ether Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPARKS FUNERAL HOME Flat River, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____

DISTRICT HEALTH OFFICE No. 4

AUG 9 1951

RECEIVED

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

Everett Sparks

Signed.....

Student Embalmer

Licensed Embalmer No. *4287*

P. O. Address *Flat River 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.