

FILED SEP 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26413

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5283 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Clark</u> <u>0230</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka rural 30</u>	
c. LENGTH OF STAY (in this place) <u>9 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Union St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SARAH</u>	b. (Middle) <u>S.</u>	c. (Last) <u>MOORE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>Sept. 13, 1866</u>	9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Kahoka, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Alexander Adams</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Henry S. Moore</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chas. Wendling</u>	ADDRESS <u>Kahoka</u>
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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, asthenia, 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) <u>Carcinoma of Breast</u>		
	ANTECEDENT CAUSES Morbidity 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	19b. MAJOR FINDINGS OF OPERATION <u>170X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)	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 Aug 8, 1950, to Aug 24, 1951, that I last saw the deceased alive on Aug 16, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. C. E. Todd</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Williamstown, Mo.</u>	23c. DATE SIGNED <u>8/26/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 26, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kahoka, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/27-51</u>	REGISTRAR'S SIGNATURE <u>J. H. Dredger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Puttungs Uel</u>	ADDRESS <u>Kahoka</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-57-1570
Date Filed: SEP 5 1951

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.

Student _____
Student Embalmer

Signed *Olin R. Luttinger*

Licensed Embalmer No. *2965*

P. O. Address *Lurray*

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.