

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31022

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5917 Registrar's No. 72

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

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural St. Marys Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>921 Drury Lane</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perryville, Mo. R. I.</b>			

3. NAME OF DECEASED (Type or Print) <b>Myrtle French Moore</b>			4. DATE OF DEATH <b>September 16, 1951</b>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>September 29, 1914</b>	9. AGE (In years last birthday) <b>36</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
----------------------	-------------------------------	---	--	---	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Manufacturing</b>	11. BIRTHPLACE (State or foreign country) <b>Perry County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>William French</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Tucker</b>	14. NAME OF HUSBAND OR WIFE <b>Gilbert L. Moore</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-01-8170</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William French, Perryville, Mo.</b>	ADDRESS
---	--	--	---------

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, asphyxia, 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) <b>Fractured Skull</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coroner of Perry County, Mo.</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 <b>79 68224 37</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway # 51</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Perryville Perry Mo</b>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9 16 1951 3:00 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Impact from reversed Automobile</b>
--	---	---

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 **3:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Willie Wiseman</b> (Degree or title) <b>Coroner of Perry County, Mo.</b>	23b. ADDRESS <b>Perryville</b>	23c. DATE SIGNED <b>9/18/51</b>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 18, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>Sept 18 - 1951</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zellmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey</b>	ADDRESS <b>Perryville, Mo.</b>
--	---	--	--------------------------------

RECEIVED

OCT 4 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....  
Student Embalmer

Signed.....

*Albert Bey*

Licensed Embalmer No. *3866*

P. O. Address. *Ferryville, 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.