

FILED OCT 22 1951

STANDARD CERTIFICATE OF DEATH

0559  
State File No. 34236

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 3037 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Vernon Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>216 W. Dallas St.</u>		d. STREET ADDRESS (If rural, give location) <u>216 West Dallas st</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 9 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 30, 1892</u>
9. AGE (In years last birthday) <u>59</u>	10. 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>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>C W Moore</u>	
13b. MOTHER'S MAIDEN NAME <u>Susie Jane Mathews Della Moore</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Bob Moore Mt V. Mo.</u>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis 2 1/2 years</u> INTERVAL BETWEEN ONSET AND DEATH <u>plus</u> ANTECEDENT CAUSES _____ Morbid 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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>002X</u>	
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 <u>Oct 11</u> , 19 <u>51</u> , to <u>Oct 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 4</u> , 19 <u>51</u> , and that death occurred at <u>3:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P. Q. Holmes M.D.</u>		23b. ADDRESS <u>Mt Vernon Mo</u>	
23c. DATE SIGNED <u>10-11-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Oct 11-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Summit Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>3 1/2 mi NE of Mt Vernon</u>	
DATE REC'D BY LOCAL REG. <u>Oct 13, 1951</u>		REGISTRAR'S SIGNATURE <u>Cecil Henderson</u>	
4110		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Fossett</u>	
ADDRESS _____		ADDRESS <u>Mt Vernon</u>	

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED **OCT 17 1951**

Dist. File 1027-1839

Date Filed 10-17-51

AUG 20 1958

**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 H O Fossett

Licensed Embalmer No. 2201

P. O. Address mt Vernon Md

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.