

No. 300
10-48

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38515

State File No.

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4957 Registrar's No. 241

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ripley</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naylor,</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naylor, Mo.</u> | |
| c. LENGTH OF STAY (in this place) <u>10 years</u> | | d. STREET ADDRESS (If rural, give location) <u>J</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna Jane Moore</u> b. (Middle) _____ c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1951</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 25, 1880</u> |
| 9. AGE (In years last birthday) <u>71</u> | | 10. MONTHS <u>2</u> | 11. DAYS <u>20</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Eldorado, Ill.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | | 13a. FATHER'S NAME <u>Wiley Martin</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Margrett Jennings</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lonzo Moore</u> | |
| 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. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lonzo Moore Naylor, Mo.</u> |
| 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. | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>angina pectoris</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES (b) <u>hypertension</u> | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>chronic nephritis</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS (d) <u>none</u> | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? <u>4202</u> YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | 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) <u>none</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>✓</u> | |
| 22. I hereby certify that I attended the deceased from <u>June, 1949</u> to <u>Nov 15, 1951</u> , that I last saw the deceased alive on <u>Nov 17, 1951</u> , and that death occurred at <u>10 P.M.</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Steele White M.D.</u> | | 23b. ADDRESS <u>Naylor, Mo.</u> | 23c. DATE SIGNED <u>1-20-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 18, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Marlin Ceme.</u> | 24d. LOCATION (City, town, or county) (State) <u>Ripley Co., Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>11-21-51</u> | REGISTRAR'S SIGNATURE <u>E. C. Johnston</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gish Funeral Home Naylor, Mo.</u> | |

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

RECEIVED

DEC 10 1951

DISTRICT HEALTH OFFICE No. 6

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 _____

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Bryan McCord

Licensed Embalmer No. 4079

P. O. Address 709 1/2

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.