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FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41169

State File No.

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 161

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>Five</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> <u>0352</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co Memorial Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>North St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u> b. (Middle) <u>—</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 29-51</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 15-1879</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>17</u>	11. UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Dunklin Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Tom Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Parkman</u>		14. NAME OF HUSBAND OR WIFE <u>Paul 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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Moore Kennett, Mo.</u>			ADDRESS <u>—</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Biliary cirrhosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>not known</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 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>5810</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) m.		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 Dec 12, 1951, to 29 Dec, 1951, that I last saw the deceased alive on 29 Dec, 1951, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joel H. Zimmerman M.D.</u> (Degree or title)		23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>12-31-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-31-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>12-31-51</u>	REGISTRAR'S SIGNATURE <u>Coast Husband</u>	90	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leah Service</u> ADDRESS <u>Kennett Mo.</u>		
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-3-52

COUNTY FILE NUMBER

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.

Edgar Lee Ford

Signed.....

Student Embalmer

Licensed Embalmer No. 4433

P. O. Address Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.