

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41401

State File No.

FILED DEC 26 1951

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5521 Registrar's No. 246

130

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

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY OR TOWN <u>Hermitage</u>		c. CITY OR TOWN <u>Wheatland - Wheatland, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>7 mo</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi N of town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East part of town</u>			

3. NAME OF DECEASED (Type or Print) <u>LAURA</u>	a. (First) <u>L</u>	b. (Middle) <u>T</u>	c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 - 1951</u>
--	---------------------	----------------------	------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 18 - 1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>29</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
---	---	---	---

13a. FATHER'S NAME <u>William V. James</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Peabody</u>	14. NAME OF HUSBAND OR WIFE <u>John Moore</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mar Euel Leonard</u>	ADDRESS <u>Hermitage, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy of Brain</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			<u>10 years</u>
	DUE TO (c) <u>Arterial Sclerosis</u>			<u>impure</u>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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) (Min.)	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 10, 1942, to Dec 17, 1951, that I last saw the deceased alive on Dec 16, 1951, and that death occurred at 5:55 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Briggs, Do.</u>	(Degree or title)	23b. ADDRESS <u>Wheatland, Mo.</u>	23c. DATE SIGNED <u>Dec 19, 1951</u>
---	-------------------	------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-20-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mc Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wheatland, Mo</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12-20-1951</u>	REGISTRAR'S SIGNATURE <u>May Johnson</u>	464	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert P. Hattaway</u>	ADDRESS <u>9867 Wheatland</u>
--	--	-----	--	-------------------------------

RECEIVED DEC 22 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 22 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 Chas. Gilbert Pittaway

Licensed Embalmer No. 42671

P. O. Address Tellico, Tenn., 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.