No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43962

BIRTH NO. 84906-51 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Howell 0461
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Noel Surgical Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 30 30 8
d. STREET ADDRESS (If rural, give location) Bexar Ark.

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Monroe c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) 12-30-51

5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH 12/29-51
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 24 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY ✓ ✓
11. BIRTHPLACE (State or foreign country) West Plains Mo O
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Haskell Moore
13b. MOTHER'S MAIDEN NAME Venita Poynter
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) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME H. Moore, Bexar, Ark 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ? Car accident — 2 mo
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 775X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-29-51 *19*__ *to* 12/30/51, *19*__, *that I last saw the deceased alive on* 12/30/51, *19*__, *and that death occurred at* 10.30 *m., from the causes and on the date stated above.*

23a. SIGNATURE J.B. Stoll M.D. (Degree or title)
23b. ADDRESS West Plaines, Mo
23c. DATE SIGNED 1/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) 5
24b. DATE 1/1-52
24c. NAME OF CEMETERY OR CREMATORY Mt. Hegga
24d. LOCATION (City, town, or county) Bexar Ark (State)

DATE REC'D BY LOCAL REG. 1-28-52
REGISTRAR'S SIGNATURE Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE Robertson ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.