

FRIED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44340**

BIRTH NO. _____ REG. DIST. NO. **2279** PRIMARY REG. DIST. NO. **3050** Registrar's No. **33**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Plumiscot | | 2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) a. STATE Missouri b. COUNTY Plumiscot | |
| b. CITY (If outside corporate limits, write RURAL and give township) Caruthersville | | c. CITY (If outside corporate limits, write RURAL and give township) Caruthersville 0782 | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 202 E 10th St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 202 E 10th St | | | |

| | | | | | |
|--|-----------------------|------------------------|-------------------|---------------|------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Amos | b. (Middle) B. | c. (Last) Moore | Month June | Day 24 | Year 1951 |

| | | | | | | | | |
|--------------------|-------------------------------|---|--|--|---------------------------------|-------------------------------|----------------------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH March 12, 1885 | 9. AGE (In years, last birthday) 66 | IF UNDER 1 YEAR Months 6 | IF UNDER 1 YEAR Days 3 | IF UNDER 24 HRS. Hours 12 | IF UNDER 24 HRS. Min. |
|--------------------|-------------------------------|---|--|--|---------------------------------|-------------------------------|----------------------------------|-----------------------|

| | | | |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Anderson County Tenn | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|--|---|---|

| | | | |
|--|---|--|--|
| 13a. FATHER'S NAME Albert Moore | 13b. MOTHER'S MAIDEN NAME Gibson | 14. NAME OF HUSBAND OR WIFE Alice Moore | |
|--|---|--|--|

| | | | |
|--|-------------------------|--|--|
| 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 Ray Moore ADDRESS Caruthersville | |
|--|-------------------------|--|--|

| | | | |
|---|--|--|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive C.V. disease | | 10-15 yrs |
| | 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 none | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Caruthersville, Plumiscot, Mo. |
|--|--|---|

| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none | 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 **Jan. 1948** to **June 24, 1951**, that I last saw the deceased alive on **June 24, 1951**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

| | | |
|--|--|--------------------------------|
| 23a. SIGNATURE D. W. Cook, M.D. (Degree or title) | 23b. ADDRESS Caruthersville, Mo | 23c. DATE SIGNED 6-7-51 |
|--|--|--------------------------------|

| | | | |
|--|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 6-25-51 | 24c. NAME OF CEMETERY OR CREMATORY Cobb Chapel Cemetery | 24d. LOCATION (City, town, or county) (State) Hornbeak, Tenn |
|--|--------------------------|--|---|

| | | |
|--|--|---|
| DATE REC'D BY LOCAL REG. May 22, 1952 | REGISTRAR'S SIGNATURE Jessie B. Wilke | 25. FUNERAL DIRECTOR'S SIGNATURE John St. German ADDRESS Hayti, Mo. |
|--|--|---|

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

782

552-161

Rec. MAY 24 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 John H. German

Signed.....
Student Embalmer

Licensed Embalmer No. 4351

P. O. Address Keyli, 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.