

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0060
1

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

FILED JAN 24 1952

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>14</u> | | PRIMARY REG. DIST. NO. <u>4029</u> | | Registrar's No. <u>4</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Barton</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mindenmines</u>) c. LENGTH OF STAY (in this place) <u>75 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mindenmines, Mo.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mindenmines</u>) d. STREET ADDRESS (If rural, give location) <u>Mindenmines</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lottie</u> | | b. (Middle) <u>I.</u> | | c. (Last) <u>Moore</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11 1952</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Oct. 8, 1876</u> | |
| 9. AGE (In years last birthday) <u>75</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Near Arcadia, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Henry C. Chancellor</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Bowen</u> | | 14. NAME OF HUSBAND OR WIFE <u>Adolphus Moore</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Adolphus Moore</u> ADDRESS <u>Mindenmines, 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Senility & Myocardial Pathology</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinson's Disease</u> <u>Renal Calculi</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>instantly</u> <u>5 yrs.</u> <u>5 yrs.</u> <u>2 yrs.</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Chronic Appendicitis</u> | | | | 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4-200</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>July 8, 1949</u> , to <u>Jan. 11, 1952</u> , that I last saw the deceased alive on <u>Jan. 11, 1952</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>M. H. Kneeland, D.O.</u> (Degree or title) | | | | 23b. ADDRESS <u>Liberal, Missouri</u> | | 23c. DATE SIGNED <u>1-14-1952</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>1-14-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rosebank Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mulberry Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 18 1952</u> | | REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>SMITH FUNERAL HOME</u> | | ADDRESS <u>Pittsburg, Kan.</u> | |

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.....

E. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. *3969*

P. O. Address *Pittsburgh, Pa.*

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.