

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

2343

FILED JAN 14 1952

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5984</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PULASKI</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Laguer</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Laguer</u>		OR TOWN <u>0850</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Liberty Twp.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Liberty Twp.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NINA</u> b. (Middle) <u>EMILY</u> c. (Last) <u>MOORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-52</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>JAN. 4</u>			
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>York Neb.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John Henry Hartman</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Hoyle</u>		14. NAME OF HUSBAND OR WIFE <u>ME Moore Deceased</u>				
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>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Phillip J. Moore Laguer</u>				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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old + chilling</u> DUE TO (c) <u>old age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1-4, 1951</u> , to <u>1-5, 1951</u> , that I last saw the deceased alive on <u>1-5, 1951</u> , and that death occurred at <u>5:16 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. H. Anderson</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Richland Mo</u>		23c. DATE SIGNED <u>1-9-52</u>			
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>1/7/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laguer Mo;</u>			
DATE REC'D BY LOCAL REG. <u>1-9-52</u>		REGISTRAR'S SIGNATURE <u>L. H. Anderson</u>		158 FURNERAL DIRECTOR'S SIGNATURE <u>W. B. Seep</u>		ADDRESS <u>Richland</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

850  
1

RECEIVED 1-9-52  
Pulaski County Health Officer  
File Number  
Date Filed 1-13-52

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 \_\_\_\_\_

*A. B. Buepe*

Signed.....

Student Embalmer

Licensed Embalmer No. 3198

P. O. Address Richland

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.