

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7437**
Registrar's No. **364**

117
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FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Osteopathic Hosp.		d. STREET ADDRESS (If rural, give location) 317 East Kansas Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) ELIJAH	b. (Middle)	c. (Last) MOORE	4. DATE OF DEATH (Month) (Day) (Year)	4 1 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-13-1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY M.F.A. Mill Co.	11. BIRTHPLACE (State or foreign country) Clarksdale, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Calvin C. Moore	13b. MOTHER'S MAIDEN NAME Cirena ?	14. NAME OF HUSBAND OR WIFE Laurie Moore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-14-9009	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laurie Moore, 317 E. Kansas St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Results of severe body burns		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 None	19b. MAJOR FINDINGS OF OPERATION E9160-16	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) St Joseph Buchanan Mo. (COUNTY) 13 (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 31st '52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Stove turned over Ran into oil stove in dark.
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22. I hereby certify that I witnessed the deceased from **Mar. 31st to 52** to _____, 19____, that I last saw the deceased alive on **March 31st to 52**, and that death occurred at **7:30A** m., from the causes and on the date stated above.

23a. SIGNATURE B. W. Tadlock (Degree or title) M. D., ACE, Cor.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 4/5 '52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-5-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. April 9, 1952	REGISTRAR'S SIGNATURE Carl C. Carter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Ruppert, St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 24 1969

VS APR 28 1969

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 _____

John E. Keuff

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph 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.