

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17505

State File No.

JUN 3 1952

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5950 Registrar's No. 18

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| 1. PLACE OF DEATH a. COUNTY <u>Pike</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hartford Twnshp</u> | | c. LENGTH OF STAY (In this place) | |
| c. CITY (If outside corporate limits, write RURAL and give township) <u>Hartford Twnshp</u> | | d. STREET ADDRESS (If rural, give location) <u>6 miles North Middletown</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles North Middletown</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Joel</u> | b. (Middle) <u>Christopher</u> | c. (Last) <u>Moore</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1952</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>August 3, 1867</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | Hours | Min. |
|-----------------------|----------------------------------|--|---|---------------------------------|---------------------------|--------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during 12 mos. of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grain and Stock</u> | 11. BIRTHPLACE (State or foreign country) <u>Pike County, Missouri</u> | 12. CITIZENSHIP OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME <u>J. G. Moore</u> | 13b. MOTHER'S MAIDEN NAME <u>Perlina Jane Morris</u> | 14. NAME OF HUSBAND OR WIFE <u>Sarah Francis Willis</u> |
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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) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. Lonnie Flannigan, Vandalia, Mo.</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial degeneration</u> DUE TO (c) <u>Hypertension</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>413X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 7:00, 1951, to May 25, 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. D. O'Shaughnessy, M.D.</u> | 23b. ADDRESS <u>Vandalia, Mo.</u> | 23c. DATE SIGNED <u>5/26/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 27, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Middletown Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Middletown, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>5-29-52</u> | REGISTRAR'S SIGNATURE <u>Bill Robinson</u> | 25. JUNEAU DIRECTOR'S SIGNATURE <u>W. D. O'Shaughnessy</u> | ADDRESS <u>Vandalia, Missouri</u> |
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(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 Wm. B. Natus.....

Licensed Embalmer No. 4169.....

P. O. Address Vandalia 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.