

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27846**

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **35**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Henry ⁰⁴²² 4 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry | |
| b. CITY (If outside corporate limits, write RURAL and give township) Clinton | | c. CITY (If outside corporate limits, write RURAL and give township) Montrose ⁰⁴²⁰ | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) in Montrose | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Moore Rest Home | | | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) William c. (Last) Moore | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept 7-1952 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3 | |
| 8. DATE OF BIRTH 5-8-1872 | | 9. AGE (in years last birthday) 80 | | 10. UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A | | 13a. FATHER'S NAME Wm M Moore | | 13b. MOTHER'S MAIDEN NAME Mary Reed | |
| 14. NAME OF HUSBAND OR WIFE | | 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. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Calvin Moore | | ADDRESS Montrose Mo | | 18. CAUSE OF DEATH | |

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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) auricular fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease DUE TO (c) none II. OTHER SIGNIFICANT-CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | | | INTERVAL BETWEEN ONSET AND DEATH 1 month |
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | | 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 Apr 16 , 19 52 , to Sept 2 , 19 52 , that I last saw the deceased alive on Sept 5 , 19 52 , and that death occurred at 11:45 PM. , from the causes and on the date stated above. | | | | | |

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| 23a. SIGNATURE (Degree or title) S.R. Hughes M.D. | | 23b. ADDRESS Clinton Mo | | 23c. DATE SIGNED 9/8/52 | |
| 24a. BURIAL CREMATION REMOVAL (Specify) burial | | 24b. DATE 9-9-1952 | | 24c. NAME OF CEMETERY OR CREMATORY Taberville cem | |
| 24d. LOCATION (City, town, or county) (State) Taberville Mo | | DATE REC'D BY LOCAL REG Sept. 9-52 | | REGISTRAR'S SIGNATURE Florence Adair | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Sickman-Dunning | | ADDRESS Clinton Mo | | | |

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

919/11

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 Robert L. Dunning

Licensed Embalmer No. 4510

P. O. Address Clinton 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.