

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32227

State File No. ....

FILED OCT 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 5701 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Green Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mooresville</u>	
c. LENGTH OF STAY (in this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1/2 mile South of Utica</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Riley</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 30, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 10, 1882</u>		9. AGE (In years last birthday) <u>70</u> if under 1 year: Months _____ Days _____ if under 11 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kirksville, Missouri</u>	
13a. FATHER'S NAME <u>William Riley Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Maude E. Williams</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 ADDRESS <u>Blanche Williams; Utica, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Body discovered at his home</u> DUE TO (c) <u>in an outside toilet. Death</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>had owned several homes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4343</u>	
---	--	--	--	---	--

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Previous home on #36 E. highway</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.) <u>Green Twp.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (STATE) <u>Utica, MO</u>	
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>History of organic heart disease</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. W. Russell</u> (Degree or title) <u>Chillicothe, Mo</u>		23b. ADDRESS _____		23c. DATE SIGNED <u>9/1/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mooresville</u>	
24d. LOCATION (City, town, or county) (State) <u>Mooresville Mo</u>					

DATE REC'D BY LOCAL REG. <u>10-6-52</u>		REGISTRAR'S SIGNATURE <u>Leola E. Crain</u> 175-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo</u>	
---	--	--	--	--	--

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

590  
3

**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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.