

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36679

State File No. \_\_\_\_\_

FILED NOV 12 1952

Registrar's No. 9411

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9411</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2112	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. Louis City Hospital # 1</b>				d. STREET ADDRESS (If rural, give location) <b>1800 North Grand avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clifford</b>		b. (Middle)		c. (Last) <b>Moore</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 11, 1952</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>11-30-1906</b>	
9. AGE (In years last birthday) <b>45</b>		10. MONTHS <b>2</b>		11. DAYS <b>2</b>		12. HOURS <b>2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>factory worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ripley County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Zachriah Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Vauhn</b>		14. NAME OF HUSBAND OR WIFE <b>Ester Moore</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>457-05-3150</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Esther Moore, 1800 No. Grand</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bleeding esophageal varices</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cirrhosis of liver</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b> <b>many yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>cirrhosis of liver</b>				20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>5810</b>			
22. I hereby certify that I attended the deceased from <b>10-6</b> , 19 <b>52</b> , to <b>10-11</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>10-32</b> , 19 <b>52</b> , and that death occurred at <b>3150A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Carlyle A. Luer, M.D.</b>				23b. ADDRESS <b>1515 Lafayette</b>		23c. DATE SIGNED <b>10-11-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-11-52</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Corning, Arkansas</b>	
DATE REC'D BY LOCAL OFFICE <b>OCT 14 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Irby F. H., Corning, Arkansas</b>			

(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 \_\_\_\_\_

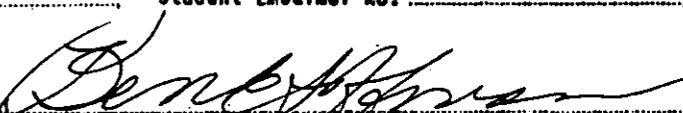
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed



Licensed Embalmer No. 4366

P. O. Address *Shawano*

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.