

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38442**

NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **40**

422

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russell 0930	
c. LENGTH OF STAY (In this place) 8 Days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital			

3. NAME OF DECEASED a. (First) Clair b. (Middle) Moore c. (Last) Moore			4. DATE OF DEATH 11-10-1952		
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5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Apr 2, 1878		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer (Retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Kentucky				12. CITIZEN OF WHAT COUNTRY U.S.A.			
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13a. FATHER'S NAME William Moore				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Lula Moore				14. NAME OF HUSBAND OR WIFE Russell Moore U.S.A.			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No				16. SOCIAL SECURITY NO. No				17. INFORMANT'S SIGNATURE OR NAME Russell Moore Escala				ADDRESS Mo			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embola of Lung											
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis + Prostatectomy (Transurethral)											
		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 Nov 3		19b. MAJOR FINDINGS OF OPERATION Hypospadias of prostate								20. AUTOPSY? 610X		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)			
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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?			
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22. I hereby certify that I attended the deceased from **Nov 2, 1952**, to **11-10, 1952**, that I last saw the deceased alive on **11-10, 1952**, and that death occurred at **79 m.**, from the causes and on the date stated above.

23a. SIGNATURE Clair Moore (Degree or title) MD		23b. ADDRESS Clinton Mo				23c. DATE SIGNED Nov 10 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-13-52		24c. NAME OF CEMETERY OR CREMATORY Plains and Spring		24d. LOCATION (City, town, or county) (State) Edwards Springs Mo	
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DATE REC'D BY LOCAL REG Nov-16-52		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE J.B. Handrich		ADDRESS Escala Mo	
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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

J. B. Bandrich

Licensed Embalmer No.

3038

P. O. Address

Osceola 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.