

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38502**

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Iron Township</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron Township</u> <u>0487</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi. east of Graniteville</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile east of Graniteville</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MICHAEL</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>MOORE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21 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>never married</u>	8. DATE OF BIRTH <u>July 5 1902</u>	9. AGE (In years last birthday) <u>50</u>	# UNDER 1 YEAR <u>4</u> Months	# UNDER 24 HRS. <u>16</u> Hours	# UNDER 24 HRS. <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>quarry worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Granite</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Graniteville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John H. Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Martenna Moore</u>	14. NAME OF HUSBAND OR WIFE <u>##</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) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Monroe A. Edmonds</u>	ADDRESS <u>Ironton Mo. Rt.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Throat</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>148X</u>	

19a. DATE OF OPERATION <u>Aug 14 52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Operation of Bronchus Skin & Cancer Mass</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE HOMICIDE</u>	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) _____	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 10-30, 1952 to 11-21, 1952, that I last saw the deceased alive on 11-19, 1952, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Elizabeth Logan, M.D.</u>	23b. ADDRESS <u>Ironton Mo.</u>	23c. DATE SIGNED <u>11-23-52</u>
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24a. BURIAL (CREMATION, REMOVAL, etc.) <u>burial</u>	24b. DATE <u>11-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thomas Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Graniteville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 25 1952</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Logan '28</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>	ADDRESS <u>Ironton Mo.</u>
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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 *Lucy White*

Licensed Embalmer No. 3012

P. O. Address *Orator*

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.