

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40535**
10064

FILED DEC 2 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO. **1003**

Registrar's No.

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>1 DAY</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. CHILDREN'S HOSP</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>8129</u> OR TOWN <u>CARTERVILLE</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>MOORE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 1 52</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>11-29-52</u> |
| 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Carbondale Ill.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> |
| 13a. FATHER'S NAME <u>JAMES MOORE</u> | 13b. MOTHER'S MAIDEN NAME <u>WYONNA MAUSE</u> | 14. NAME OF HUSBAND OR WIFE <u>none</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>B. C. Nauman, 524 Kingsley</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple atretic areas of gastrointestinal tract</u> ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 | 19b. MAJOR FINDINGS OF OPERATION | 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? | |
| 22. I hereby certify that I attended the deceased from <u>11-1-1952</u> to <u>11-1-1952</u> , that I last saw the deceased alive on <u>11-1-1952</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>John C. Herweg M.D. Children's Hospital</u> | 23b. ADDRESS | 23c. DATE SIGNED <u>11-2-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 24b. DATE <u>11-1-52</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (city, town, or county) (State) <u>Carterville, Ill.</u> |
| DATE REC'D BY LOCAL REG. <u>NOV 3 1952</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Riggin F.H., Carterville, Ill.</u> | |

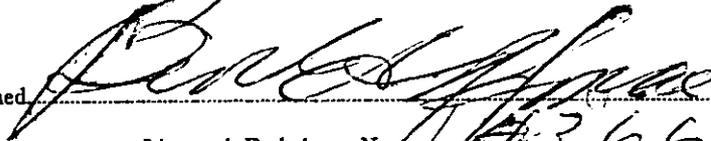
STATEMENT BY LICENSED EMBALMER

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. 366

P. O. Address _____

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.