

No. 200 DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42889

State File No.

10. 48

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 60

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| 1. PLACE OF DEATH a. COUNTY <u>MONROE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-JACKSON TWP.</u> c. LENGTH OF STAY (in this place) <u>2 YRS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-JACKSON TWP.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #3, PARIS</u> | | d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3, PARIS 0090</u> | |

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|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>MOORE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 17, 1952</u> | | |
| 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>NOV. 11, 1885</u> | 9. AGE (In years last birthday) <u>67</u> | # UNDER 1 YEAR <u>1</u> # UNDER 24 HRS. <u>6</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE Co., Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|---|---|--------------------------------------|
| 13a. FATHER'S NAME <u>JOHN W. MOORE</u> | 13b. MOTHER'S MAIDEN NAME <u>SUSIE CAPP</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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CLARENCE ZIEL, PARIS, Mo.</u> | ADDRESS _____ |
|---|----------------------------------|---|---------------|

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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 |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral apoplexy</u> | | ANTecedent CAUSES | | ✓ |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| DUE TO (b) <u>convulsions</u> | | DUE TO (c) <u>coronary decompensation</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Symptoms of old age | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | 20. AUTOPSY? 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 10³⁰ p.m. 1952 to 12-16, 1952, that I last saw the deceased alive on 12-16, 1952, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

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|---|--------------------------------|----------------------------------|
| 23a. SIGNATURE <u>Nellis S. Christman, D.O.</u> (Degree or title) | 23b. ADDRESS <u>PARIS, Mo.</u> | 23c. DATE SIGNED <u>12-17-52</u> |
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|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>12-18-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>MONROE Co., MISSOURI</u> |
|---|---------------------------|--|---|

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|--|--|------|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>12-17-52</u> | REGISTRAR'S SIGNATURE <u>J. A. Barnett, M.D.</u> | 4350 | 25. GENERAL DIRECTOR'S SIGNATURE <u>Speld-Blaney</u> | ADDRESS <u>PARIS, MISSOURI</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

690

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 *E. H. Agnew*.....

Licensed Embalmer No. 4000.....

P. O. Address PARIA, MISSOURI.....

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.