

Shirey

No. 300

10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43009

State File No.

Registrar's No. 192

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5911

1. PLACE OF DEATH
a. COUNTY Pemiscot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pemiscot

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bragg City
c. LENGTH OF STAY (In this place) Life

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bragg City 0780

d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 2

d. STREET ADDRESS (If rural, give location) Rural Route 2

3. NAME OF DECEASED
a. (First) Tom b. (Middle) c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1952

5. SEX Male 2
6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 16, 1896

9. AGE (In years last birthday) 56
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Tennessee /

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Willie Moore

13b. MOTHER'S MAIDEN NAME Lena May

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 2

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Twinsey Moore R. 2 Bragg City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterosclerosis
DUE TO (c) arterio-sclerotic
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. hypertension

INTERVAL BETWEEN ONSET AND DEATH
2 weeks
1 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 447X

20. AUTOPSY?
YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24 - 1952, to 12-20, 1952, that I last saw the deceased alive on 12-20 - 1952, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. Shirey M.D.

23b. ADDRESS 3019 E. Main Hwy. No.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-22-52

24c. NAME OF CEMETERY OR CREMATORY Kennett Cemetery

24d. LOCATION (City, town, or county) (State) Kennett Missouri

DATE REC'D BY LOCAL REG 12-30-52 REGISTRAR'S SIGNATURE John H. German 406-

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jimmy Osburn Funeral Home Wardell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

780 /

12-387-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 31 1952

JAN 1 9 1953

E

JAN 14 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James G. Osburn*

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.