

FILED MAR 16 1953

STANDARD CERTIFICATE OF DEATH

10358

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559V Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-JOACHIM</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CRYSTAL CITY 1501</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1210 HIGHWAY 61-67</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u>		b. (Middle)		c. (Last) <u>MOORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 2, 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>		8. DATE OF BIRTH <u>FEB. 13, 1908</u>		9. AGE (In years last birthday) <u>45</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTURANT</u>		11. BIRTHPLACE (State or foreign country) <u>BELLEVILLE, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>NEIL SORENSEN</u>		13b. MOTHER'S MAIDEN NAME <u>ESTHER SLIAMENT</u>		14. NAME OF HUSBAND OR WIFE <u>VICTOR C. MOORE</u>	
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. <u>496-14-2823</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VICTOR C. MOORE</u>	
				ADDRESS	

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>Fractured Skull</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture</u> DUE TO (c) <u>Fractured Neck</u>		
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 <u>050 E8124 25</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ON HIGHWAY 61-67</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JOACHIM JEFFERSON MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAR. 2, 1953, 8:15 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>HIT BY AUTOMOBILE</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. B. Edwards</u>	(Degree or title) <u>M.D. (Coroner)</u>	23b. ADDRESS <u>Godoy Hill No. 3/3/53</u>	23c. DATE SIGNED <u>3/3/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSELAWN MEMORIAL</u>	24d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>MAR. 4, 1953</u>	REGISTRAR'S SIGNATURE <u>Henry R. Solente</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. S. Vinyard</u>	ADDRESS <u>Tristram, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

500
3

DATE RECEIVED
MAR 12 1953
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

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.....

James Comerford

Signed.....
Student Embalmer

Licensed Embalmer No. *4744*

P. O. Address *Crystal City, 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.