

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **10698**

FILED APR 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **230** PRIMARY REG. DIST. NO. **5810** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY <b>Montgomery Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <b>Missouri.</b> COUNTY <b>Montgomery.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Florence, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Florence, Mo. Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>Loutre T.S.P.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>P.</b> c. (Last) <b>Moore.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 6th, 1953</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b> (Specify)	8. DATE OF BIRTH <b>July 20-1880</b>	9. AGE (In years last birthday) <b>72</b> IF OVER 1 YEAR Months Days IF OVER 6 mos. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Big Spring, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Wm T. Moore.</b>		13b. MOTHER'S MAIDEN NAME <b>Missouri Huddleston.</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Ella Moore.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>3495-30-4017</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Flarence Moore, New Florence</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>BRONCHIAL PNAUMONIA</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	

18. CAUSE OF DEATH (continued)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHIAL PNAUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <b>CEREBRAL HAEAMORRHAGE</b>		<b>6 days</b>	
		DUE TO (c) <b>CHRONIC MYOCARDITIS</b>		<b>P</b>	
		II. OTHER SIGNIFICANT CONDITIONS <b>ARTERIO-SCLEROTIC NEPHRITIS</b>		<b>?</b>	
19a. DATE OF OPERATION <b>No</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No.</b>		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) <b>None</b>		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 <b>MARCH 17, 1953</b> , to <b>APRIL 6, 1953</b> , that I last saw the deceased alive on <b>APRIL 5, 1953</b> , and that death occurred at <b>10:10 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>James O. Helm MD.</b> (Degree or title)		23b. ADDRESS <b>NEW FLORENCE MO</b>		23c. DATE SIGNED <b>4-8-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>April 9th 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Big Spring, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edmond J. ...</b>		ADDRESS	

DATE REC'D BY LOCAL REG. <b>April 9, 1953</b>		REGISTRAR'S SIGNATURE <b>Mrs. Louise Bush.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edmond J. ...</b>	
				ADDRESS	

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

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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 D. B. Baker

Licensed Embalmer No. 3375

P. O. Address Meriden, Conn.

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.