

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17134**

FILED MAY 25 1953		BIRTH NO. _____	REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>570</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>01170</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <u>0117</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>58 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>931 E. Hyde Park Ave.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1953</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harris</u>		b. (Middle) <u>Bradley</u>	c. (Last) <u>Moore</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 14, 1892</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Swift & Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Beatrice Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James M. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Emma McCallister</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys 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>487-05-1666</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gladys Moore 931 E. Hyde Park Av</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia - Right lower lobe</u> <u>Cerebral edema - cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>		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) (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 <u>11:00 PM 5-13 1953</u> , to <u>5-14, 1953</u> , that I last saw the deceased alive on <u>5-14, 1953</u> and that death occurred at <u>9:40 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Lucian H. Jole M.D.</u>		23b. ADDRESS <u>902 Elmwood St. Joseph, Mo.</u>		23c. DATE SIGNED <u>5-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 16, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 18, 1953</u>		REGISTRAR'S SIGNATURE <u>Nathan M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home 120 Illinois</u>		

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

APR 28 1958

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 Earl A. Clark

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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.