

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18812**

FILED MAY 26 1953

BIRTH NO. _____ REG. DIST. NO. **243** PRIMARY REG. DIST. NO. **4364** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stella		c. LENGTH OF STAY (in this place) 3 days		1 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		0051		
d. FULL NAME OF HOSPITAL OR INSTITUTION CARDWELL HOSPITAL				d. STREET ADDRESS (If rural, give location) 504 Logan St.				
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) BLAND c. (Last) MOORE			4. DATE OF DEATH (Month) (Day) (Year) April 24, 1953					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1, 1897		9. AGE (in years last birthday) 55	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Salesman			10b. KIND OF BUSINESS OR INDUSTRY Salesman		11. BIRTHPLACE (City and State or Foreign Country) Cassville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME P. R. MOORE		13b. MOTHER'S MAIDEN NAME SUSAN JONES		14. NAME OF HUSBAND OR WIFE ALLIE MOORE, Monett, Mo.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 487-01-5554		17. INFORMANT'S SIGNATURE OR NAME MRS. H. B. MOORE				ADDRESS Monett, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris					INTERVAL BETWEEN ONSET AND DEATH 6 wks.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		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 4202					20. AUTOPSY? YES <input 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 April 20, 1953 , to April 24, 1953 , that I last saw the deceased alive on April 24, 1953 , and that death occurred at 8:30 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE C. Cardwell (Degree or title) M.D.				23b. ADDRESS Stella, Mo.		23c. DATE SIGNED 5-4-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 27, 1953	24c. NAME OF CEMETERY OR CREMATORY IOOF		24d. LOCATION (City, town, or county) (State) Monett, Mo.			
DATE REC'D BY LOCAL REG. 5-24 1953		REGISTRAR'S SIGNATURE Alpha Dyer		25. FUNERAL DIRECTOR'S SIGNATURE E. P. Buchanan		ADDRESS Monett, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

130
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 553-105
Date Filed 5/13/53

NEOSHO, MISSOURI

MAY 27 1953

MAY 20 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. P. Buchanan

Licensed Embalmer No. 3149

P. O. Address Mount 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.