

0.300
0.48

STANDARD CERTIFICATE OF DEATH

State File No. **21071**

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Clenton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clenton	
b. CITY (If outside corporate limits, write RURAL and give township) Cameron		c. CITY (If outside corporate limits, write RURAL and give township) Cameron	
c. LENGTH OF STAY (In this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 324 W 4th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 324 W 4th St			

3. NAME OF DECEASED a. (First) Helenetta		b. (Middle) Rebekah		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) 6 13 53	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 11 - 1878	
9. AGE (In years last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) De Kalb Ga	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Barry		13b. MOTHER'S MAIDEN NAME Matilda Robinson		14. NAME OF HUSBAND OR WIFE F.M. Moore	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Helenetta Moore		ADDRESS Clenton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Disease		DUE TO (c) Generalized + Cerebral Vigns			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Arteriosclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 6:30 AM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-10**, 19**50**, to **6-13**, 19**53**, that I last saw the deceased alive on **6-13**, 19**53**, and that death occurred at **6:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE J.D. Kimes M.D. (Degree or title)		23b. ADDRESS Cameron Mo.		23c. DATE SIGNED 6-19-53	
---	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-15-53		24c. NAME OF CEMETERY OR CREMATORY Catholic Cem.		24d. LOCATION (City, town, or county) (State) Cameron Mo	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 6-20-53		REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE Paul Funeral Home		ADDRESS Cameron	
---	--	--	--	---	--	------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

251

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 Robert F. Poland

Licensed Embalmer No. 4777

P. O. Address 222 West 2nd St. Harrison, N.J.

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.