

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22040

State File No. _____

FILED JUN 17 1953

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Eldridge T. S.</u>	
c. LENGTH OF STAY (In this place) <u>30 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Eldridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mathews Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Parlee</u> b. (Middle) <u>Moore</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 3 1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 4 1883</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Boone Doyle</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Mills</u>	14. NAME OF HUSBAND OR WIFE <u>John M. Moore</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John M. Moore, Eldridge, Mo.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u> <u>2 Mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebro Vasculat accident</u> DUE TO (c) <u>Hypertension</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>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No.</u>	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) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 4/11, 1953, to 6/3, 1953 that I last saw the deceased alive on 6/3, 1953, and that death occurred at 3.30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George Z. Fisher M.D.</u>	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>6/5/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/5/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hufft</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-4-1953</u>	REGISTRAR'S SIGNATURE <u>Hella L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer Lebanon Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 13 1953

Received

Laclede County Health Unit

File No.

6-53-93

Date Filed

JUN 13 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

L. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.