

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24228

State File No.

BIRTH NO. _____ REG. DIST. NO. 79 PRIMARY REG. DIST. NO. 4132 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Holt</u>		c. CITY OR TOWN <u>Holt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>W</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Nov-2-1868</u>		9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work during most of working life. If retired)	
<u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clinton County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James W. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Parks</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ida May</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		15. SOCIAL SECURITY NO. <u>none</u>	
16. 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) <u>Cerebral Embolism of the brain</u> ANTECEDENT CAUSES <u>Acute Coronary Occlusion</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>12 days</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. A. Gless</u>		ADDRESS <u>4646 No. Oakley</u>		4201	

18. 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) <u>Holt Clay Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 June 28, 1953, to July 8, 1953, that I last saw the deceased alive on July 7, 1953, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Detus Buehler M.D.</u>		23b. ADDRESS <u>Lansion Mo.</u>		23c. DATE SIGNED <u>7/10/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wutesch</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Holt Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u>		ADDRESS <u>Kearney, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>July 13, 1953</u>		REGISTRAR'S SIGNATURE <u>Nabel Graham 491</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.40
FILED JUL 20 1953
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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 Leonard Fry.....

Licensed Embalmer No. 81677

P. O. Address Kearney 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.