

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25492**

FILED JUL 29 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 73

5420

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

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>HARRISVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>HIGGINSVILLE</b> 0541	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MEMORIAL HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1201 WALNUT</b> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LYDIA ANNA</b> b. (Middle) <b>LOUISE</b> c. (Last) <b>MOORE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 28 1953</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 7 1895</b>
9. AGE (In years last birthday) <b>57</b>		10. UNDER 1 YEAR Months <b>4</b> Days <b>9</b>	11. UNDER 2 HRS. Hours <b>1</b> Min. <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	
11. BIRTHPLACE (State or foreign country) <b>CONCORDIA, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HENRY SANDERS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY DANKENBRING</b>	
14. NAME OF HUSBAND OR WIFE <b>HEURY ESTIL MOORE SR.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Heury E. Moore, Jr. Higginsville Mo.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma, Generalized</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma rt. breast</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>9 mos.</b>		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170X</b>	
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)		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 <b>JULY 1952</b> , to <b>28 June 1953</b> , that I last saw the deceased alive on <b>28 June 1953</b> , and that death occurred at <b>9:15 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John P. Beck, M.D.</b> (Degree or title)		23b. ADDRESS <b>Higginsville, Mo.</b>	
23c. DATE SIGNED <b>6/30/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>June 30, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>HIGGINSVILLE MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. N. Haden</b>	
DATE REC'D BY LOCAL REG. <b>7-12-53</b>		REGISTRAR'S SIGNATURE <b>M. E. ...</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>HIGGINSVILLE, MO.</b>		26. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

**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 Roy F. Weger

Licensed Embalmer No. 2883

P. O. Address. Higginville

**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.