S. No. 300
v. 10-48

0710

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32473

State File No. .....

FILED OCT 6 1953

BIRTH NO. ..... REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Versailles,
c. LENGTH OF STAY (In this place) 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 114 N. Monroe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Morgan
c. CITY OR TOWN Versailles
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 114 N. Monroe 0710 0

3. NAME OF DECEASED (Type or Print)
a. (First) Herbert Mack
b. (Middle)
c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 23, 1881
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months 10 Days 4 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe
10b. KIND OF BUSINESS OR INDUSTRY Cafe
11. BIRTHPLACE (City and State or Foreign Country) Elk City, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Moore
13b. MOTHER'S MAIDEN NAME Sarah Drieck
14. NAME OF HUSBAND OR WIFE Inez Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Inez Moore ADDRESS Versailles, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-renal Syndrome — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Extreme Varicosities — 30 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1938, *to* Sept 27, 1953, *that I last saw the deceased alive on* Sept 26, 1953, *and that death occurred at* 1 a m., *from the causes and on the date stated above.*

23a. SIGNATURE J L Washburn (Degree or title) M.D.
23b. ADDRESS Versailles Mo
23c. DATE SIGNED 9-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 28 Sept. 53
24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery
24d. LOCATION (City, town, or county) Versailles, Missouri (State)

DATE REC'D BY LOCAL REG. 9-29-53
REGISTRAR'S SIGNATURE J L Washburn 2140
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Versailles, Mo.

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond C. Forber

Licensed Embalmer No. 462

P. O. Address Versailles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.