No. 300
10-48

FILED SEP 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34754

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 30

1001
1

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee
c. LENGTH OF STAY (in this place): 40 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At TC Moore Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee 1001 0
d. STREET ADDRESS (If rural, give location): 125 W Parker

3. NAME OF DECEASED (Type or Print): a. (First) Elmer b. (Middle) Ellsworth c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year): Sep 15 1953

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: Oct 4, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Elkhart Ill /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Orton L Moore
13b. MOTHER'S MAIDEN NAME: Mary Burgess
14. NAME OF HUSBAND OR WIFE: Sarah Robertshaw Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: TC Moore 125 W Parker — ADDRESS: Chaffee 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): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 11 days
DUE TO (c): Hypertension — 10 years

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: 331X
20. AUTOPSY? YES ☐ NO ☐

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): Chaffee Scott Mo.
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* Aug., 1953, *to* Sept 15, 1953, *that I last saw the deceased alive on* 9-15-, 1953, *and that death occurred at* 1:46 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter Wehmeyer 2, DO.
23b. ADDRESS: Chaffee Missouri
23c. DATE SIGNED: 9-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sep 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Cape Girardeau Mo

DATE REC'D BY LOCAL REG.: 9-17-53
REGISTRAR'S SIGNATURE: Mrs Fred Bisplinghoff 445
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Bisplinghoff Funeral Home Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 21 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 953-212

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 Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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.