

300 FILED OCT 21 1953

STANDARD CERTIFICATE OF DEATH

State File No. **36379**

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5635 Registrar's No. 144

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Phillipsburg</u> c. LENGTH OF STAY (in this place) <u>71 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Phillipsburg Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phillipsburg Rt 1</u> | | d. STREET ADDRESS (If rural, give location) <u>R.R. # 1.</u> | |

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|---|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or Print) <u>John Moore</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 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>Feb 7, 1882</u> | | 9. AGE (In years last birthday) <u>71</u> (If under 1 year) Months <u>8</u> (If under 12 mos.) Days <u>1</u> Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Kelley Moore</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nova Jettie Moore</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Moore Phillipsburg Mo.</u> | |

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|---|--|---|--|--|---|
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach.</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 19a. 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>151X</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 5-1-1953 to 9-14-1953, that I last saw the deceased alive on 9-14-1953, and that death occurred at 10:30 P m., from the causes and on the date stated above.

| | | | | | |
|---|--|----------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>B. B. Hurst, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Lebanon, Mo.</u> | | 23c. DATE SIGNED <u>10-9-53</u> | |
|---|--|----------------------------------|--|---------------------------------|--|

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|--|---------------------------|--|---|---|--|
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/10/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lonesome Hill Cemetery near Phillipsburg</u> | 24d. LOCATION (City, town, or county) (State) _____ | | |
| DATE REC'D BY LOCAL REG. <u>10-10-1953</u> | | REGISTRAR'S SIGNATURE <u>Hella L. Gray</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Holman Lebanon Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1953

Received

LaClede County Health Unit

File No. / 0. 53-15

Date Filed OCT 20 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 Dorsey M. Howe

Licensed Embalmer No. 4222

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.