

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38187**

FILED DEC 1 - 1953

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **5097** Registrar's No. **189**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	c. LENGTH OF STAY (month and days) 11 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Neal's Rest Haven Rt #5		d. STREET ADDRESS (If rural, give location) —	

3. NAME OF DECEASED (Type or Print) a. (First) Clinton b. (Middle) Commodore c. (Last) Moore			4. DATE OF DEATH (Month) (Day) (Year) Nov 19, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never married	8. DATE OF BIRTH Feb 18, 1876	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 77 9 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Justice of Peace	10b. KIND OF BUSINESS OR INDUSTRY Bookkeeper	11. BIRTHPLACE (City and State or Foreign Country) Jefferson, Texas	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Matthew Bates Moore	13b. MOTHER'S MAIDEN NAME Alice Roberts	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Lulu James, Middletown, Missouri	ADDRESS —
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) massive G. I. hemorrhage DUE TO (c) underlying disease		1 day
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 153X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 14, 1953**, to **Nov 19, 1953**, that I last saw the deceased alive on **Nov 19, 1953**, and that death occurred at **3:25 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harriet S. Lamb	23b. ADDRESS —	23c. DATE SIGNED Nov 21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 21, 1953	24c. NAME OF CEMETERY OR CREMATORY New Harmony Methodist	24d. LOCATION (City, town, or county) (State) Pike County, Missouri
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DATE REC'D BY LOCAL REG. Nov 21-1953	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE William D. Waters	ADDRESS Vandalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC

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: William B. Natus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.