

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED FEB 1 1954

State File No. 422

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (FULTON TWP) MO</u>	
c. LENGTH OF STAY (In this place) <u>5 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 3 FULTON MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>SYLVIA</u>	b. (Middle) <u>GLADYS</u>	c. (Last) <u>MOORE</u>	(Month) <u>JAN</u>	(Day) <u>29</u>	(Year) <u>1954</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 16, 1908</u>	9. AGE (In years last birthday) <u>46</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OSAGE COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>JOE LARIMORE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MATHEWS</u>	14. NAME OF HUSBAND OR WIFE <u>PAUL 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>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EARL NARDER</u> ADDRESS <u>RT3-FULTON MO</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion with congestive heart failure.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
	DUPLICATE TO (b) <u>Cancer - liver with cerebral metastasis.</u>		
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 <u>1561</u>	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) m.	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 1/25, 1954 to 1/29, 1954, that I last saw the deceased alive on 1/29, 1954, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George J. Wood MD</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>1/30/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 2/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ETHAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LINN MISSOURI</u>
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DATE REC'D BY LOCAL REG. Jan 30-1954 REGISTRAR'S SIGNATURE Maretha Lawrence 426-426 FUNERAL DIRECTOR'S SIGNATURE Managers Funeral Home ADDRESS Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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

J. C. Rosson

Licensed Embalmer No. *2555*

P. O. Address *Adelton Md*

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

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