

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

834

FILED FEB 15 1954

5426 (State File No.)

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5427 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Rural (Bales Top)</u>	c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY OR TOWN <u>R.D. 2 Pacific</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.D. 2 Pacific</u>		e. STREET ADDRESS (If rural, give location) <u>2 miles west Pacific Hwy 660</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>M</u>	c. (Last) <u>MOORE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 9, 1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>(unknown) Moore</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Della Moore</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	(If yes, give year or dates of service) <u>U.S. #1</u>	16. SOCIAL SECURITY NO. <u>263-16-3912</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Della Moore</u>	ADDRESS <u>Pacific Mo R.D. 2</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER of the lung</u>	ANTECEDENT CAUSES		

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

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	15 yrs
Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma + Chron. myocardi</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	12d. AUTOPSY? <u>163X</u> YES <input type="checkbox"/> NO <input 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)	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 May 15, 1948, to Jan 22, 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. K. Greer MD</u>	(Degree or title)	23b. ADDRESS <u>Pacific Mo</u>	23c. DATE SIGNED <u>1-23-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenmount Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Greenwood Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 22 - 54</u>	REGISTRAR'S SIGNATURE <u>Mary A. Gross</u>	94	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. J. Shieba</u>	ADDRESS <u>Pacific Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 24 1957

FEB 24 1957

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.....  
Signature of Student Embalmer

Signed *Geo. L. Shihra*

Licensed Embalmer No. *300*

P. O. Address *Peapack*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.