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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2148

State File No.

FILED JAN 12 1954
BIRTH NO. 72040-53 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5937 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> <u>Caruthers Farm</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Rural Lewis Twp</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>U.S. Silbourn 0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>R-1</u>	

3. NAME OF DECEASED (Type or Print) <u>Clara May MOORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Aug 10 53</u>		9. AGE (In years last birthday) <u>4</u> IF UNDER 1 YEAR: Months <u>22</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Non</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NON</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>J.W. MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>Lara L. Gregory</u>	
14. NAME OF HUSBAND OR WIFE		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>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J.W. MOORE</u>		ADDRESS			

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) <u>Pneumonia</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.			INTERVAL BETWEEN ONSET AND DEATH
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>493 X</u>	
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?	

22. I hereby certify that I attended the deceased from 12-30, 1953, to 12-30, 1953, that I last saw the deceased alive on 12-30, 1953, and that death occurred at Lebanon m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Claude D. Chastain D.D.</u>		23b. ADDRESS <u>Silbourn, MO</u>		23c. DATE SIGNED <u>1-2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>1-3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catron MO</u>	
24d. LOCATION (City, town, or county) (State) <u>Catron, MO</u>					

DATE REC'D BY LOCAL REG. <u>1-4-54</u>		REGISTRAR'S SIGNATURE <u>H.L. Bonder Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Hill Silbourn MO</u>	
				ADDRESS	

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

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.....

working under my personal supervision. *Not Embalmed* Student Embalmer No.....

Signed *L. M. Hill*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *2427*.....

P. O. Address *L. Brown 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.