

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

**5797**

State File No. ....

BIRTH NO. FILED **FEB 16 1954** REG. DIST. NO. **201** PRIMARY REG. DIST. NO. **4450** Registrar's No. **420**

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

09109

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ripley.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan.</u> c. LENGTH OF STAY (in this place) <u>3 weeks.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Community Hospital.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan.</u> d. STREET ADDRESS (If rural, give location) <u>404 Jackson Street.</u>	
---	--	--	--

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Moore.</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 10, 1954.</u>				
<b>5. SEX</b> <u>Male.</u>	<b>6. COLOR OR RACE</b> <u>White.</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married.</u>	<b>8. DATE OF BIRTH</b> <u>August 23, 1874.</u>	<b>9. AGE</b> (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>25</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Agriculture.</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Pontitoc, Mississippi.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>	

<b>13a. FATHER'S NAME</b> <u>John Moore.</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mittie Pitts.</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nola Adeline Moore.</u>
---	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	<b>16. SOCIAL SECURITY NO.</b> <u>500-18-1397.</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>W. H. Moore, Hannibal, Missouri.</u>
---	---	---

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</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) _____		INTERVAL BETWEEN ONSET AND DEATH <u>18 days.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	--	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** June, 1952, to Feb 10, 1954, that I last saw the deceased alive on Feb 10, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Frank Johnson, M.D.</u>	<b>23b. ADDRESS</b> <u>Doniphan, Mo.</u>	<b>23c. DATE SIGNED</b> <u>2/12/54.</u>
---	---	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial.</u>	<b>24b. DATE</b> <u>February 12, 1954.</u>	<b>24c. NAME OF CEMETERY OR CREMATOR</b> <u>Doniphan Cemetery.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Doniphan, Ripley Co., Mo.</u>
--	---	---	--

<b>DATE REC'D BY LOCAL REG.</b> <u>2-12-54.</u>	<b>REGISTRAR'S SIGNATURE</b> <u>W. H. Johnson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Ray Meares, Doniphan, Mo.</u>
--	--	---

JUL 5 1954 SA

**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 Ray Meares

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.