

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7696

BIRTH NO. FILED MAR 31 1954		REG. DIST. NO. 23		PRIMARY REG. DIST. NO. 5087		Registrar's No. 6			
1. PLACE OF DEATH a. COUNTY <b>BATES</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-HOWARD TWP.</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>FOSTER.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 MI. EAST OF HUME, MO.</b>				e. STREET ADDRESS (If rural, give location) <b>0070</b> <b>0</b>					
3. NAME OF DECEASED a. (First) <b>FRED</b>			b. (Middle) <b>ARTHUR</b>		c. (Last) <b>MOORE.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH-20-1954.</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>JAN-22-1930</b>		9. AGE (In years last birthday) <b>24</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SOLDIER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. ARMY</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>PASSAIC, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>GROVER C. MOORE.</b>			13b. MOTHER'S MAIDEN NAME <b>BESSIE TURBIN.</b>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>KOREAN.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bessie May Moore-Foster, Missouri</b>				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, 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) <b>Death due to broken neck in car accident</b>	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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>2 MI. E of HUME</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>over turned car</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Cloves Seibel, Acting Coroner</b>				23b. ADDRESS <b>Butler mo</b>			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL.</b>		24b. DATE <b>MAR-23-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MULBERRY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>AMORET, MISSOURI.</b>				
DATE REC'D BY LOCAL REG. <b>Mar 24</b>		REGISTRAR'S SIGNATURE <b>Fern Martin</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Booth Funeral Sew-Rick Hill, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1954

APR 21 1954

APR 27 1954

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 *John G. Underwood*.....  
Licensed Embalmer No. *350*.....  
P. O. Address *Butler*.....

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.