

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2697**BIRTH NO. **FILED APR 12 1954** REG. DIST. NO. **20** PRIMARY REG. DIST. NO. **4031** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates 0070	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) James	b. (Middle) William	c. (Last) Moore	Apr. 3, 1954		

5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 8, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 26	Hours 26	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Meat Cutter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Butler Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Henry Moore	13b. MOTHER'S MAIDEN NAME Annie Nuchols	14. NAME OF HUSBAND OR WIFE Dora Belle Moore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 217-03-5612	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dora Belle Moore, Adrian Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH Yes
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Above DUE TO (c) Heart Coronary		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schotic heart change		Sudden	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Heart when buried 4/20/54	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) Adrian / Bates Mo.
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?

22. I hereby certify that I attended the deceased from **April 3, 1954**, to **April 3, 1954**, that I last saw the deceased **pass on** **4-3-54**, 1954, and that death occurred at **4:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Robinson M.D.	(Degree or title)	23b. ADDRESS Adrian Mo.	23c. DATE SIGNED 4-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-5-54	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Butler Missouri
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DATE REC'D BY LOCAL REG. 4-5-54	REGISTRAR'S SIGNATURE Myra Owens	25. FUNERAL DIRECTOR'S SIGNATURE Life Funeral Service	ADDRESS Adrian Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 13 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *Adrian M.*

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.