

FILED MAY 10 1954

STANDARD CERTIFICATE OF DEATH

State File No. 1190

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

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>131</u>		
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Columbia, Missouri</u>)		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>Sedalia, Missouri</u>		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 <u>Ellis Fischel State Cancer Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>409 Johnson</u> <u>0813</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>Brooks</u>		c. (Last) <u>Moore</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>6</u> (Year) <u>1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-1-77</u>		
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u>		IF UNDER 24 HRS. Hours <u>5</u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Louise E. Moore</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>urinary bladder carcinoma</u> ANTECEDENT CAUSES <u>Dehydration</u> <u>Carcinoma of Urinary bladder</u> <u>Generalized Arterio Sclerosis</u> DUE TO (b) <u>Dehydration</u> DUE TO (c) <u>Carcinoma of Urinary bladder</u> II. OTHER SIGNIFICANT CONDITIONS <u>Generalized Arterio Sclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>10 days</u> <u>6 mo., 5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>181X</u>					20. AUTOPSY? YES <input checked="" 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.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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 <u>May 5, 1954</u> to <u>May 6, 1954</u> that I last saw the deceased alive on <u>May 6, 1954</u> and that death occurred at <u>4:20 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Scully M.D.</u> (Degree or title)				23b. ADDRESS <u>State Cancer Hospital Columbia, Mo.</u>		23c. DATE SIGNED <u>May 5, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 6, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 6 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u> <u>31-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Alexander</u> ADDRESS <u>440 W. Cooper Sedalia Mo</u>				

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.....
Steve Alperin

Licensed Embalmer No. *424*

P. O. Address *Sedalia*

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.