

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12721

State File No.

Registrar's No. 26

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>		State File No.		Registrar's No. <u>26</u>						
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>				c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>								
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____										
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Wilbern</u>			b. (Middle) <u>Reece</u>			c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 21, 1874</u>			9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Goerge Moore</u>				13b. MOTHER'S MAIDEN NAME <u>Ellen Wilcox</u>				14. NAME OF HUSBAND OR WIFE <u>Myrtle Moore</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Bewey Moore, Princeton, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion-sudden death</u>								INTERVAL BETWEEN ONSET AND DEATH		
				ANTECEDENT CAUSES DUE TO (b) <u>fell in floor</u> <u>Had been having frequent attacks of anginal pain for 1 Yr.</u>										
				DUE TO (c) <u>attacks of anginal pain for 1 Yr.</u>										
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 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) _____									
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 <u>2-14, 1947</u> , to <u>April 11, 1954</u> , that I last saw the deceased alive on <u>Feb. 23 1954</u> , and that death occurred at <u>7:55 Am.</u> , from the causes and on the date stated above.														
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Princeton, Missouri</u>				23c. DATE SIGNED <u>4/14/54</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>airview Ceme.</u>			24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>							
DATE REC'D BY LOCAL REG. <u>4-16-54</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>393-0</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Martin Funeral Home Princeton, Mo</u>								

(Licensed Embalmer's Statement on Reverse Side)

[Signature]

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

No. 300
10.48

0650

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 *John Martin*

Licensed Embalmer No. 3760

P. O. Address Princeton, Md.

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.