

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16977

State File No.

BIRTH NO. _____ REG. DIST. NO. 390 PRIMARY REG. DIST. NO. 6014 Registrar's No.

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Moniteau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If rural, give location) Rural Route 1	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) L	
c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) June 2, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 21 1867
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Indiana.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Bristow	
13b. MOTHER'S MAIDEN NAME Mary Egbert		14. NAME OF HUSBAND OR WIFE William Moore.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO none		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Matilda Brawn		ADDRESS Higbee, Missouri	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosclerosis, Senile	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH Unknown	
DUE TO (c) Congestive Heart Failure		6 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bowel Obstruction			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Atonic Intestine with Fecal Impaction 4/3/1	
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 April 2, 1954 , to June 1, 1954 , that I last saw the deceased alive on June 1, 1954 , and that death occurred at 2:30 pm. , from the causes and on the date stated above.			
23a. SIGNATURE Rory S. Gally (Degree or title) MD		23b. ADDRESS 2203 1/2 S Clark St. Moberly, Mo	
23c. DATE SIGNED 6-3-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 7 1954	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Indiana.	
DATE REC'D BY LOCAL REG. June 5 1954		REGISTRAR'S SIGNATURE JOE W Burton 452	
25. FUNERAL DIRECTOR'S SIGNATURE Burton Funeral Home		ADDRESS Higbee Mo	

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

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

W. J. Richmond

Licensed Embalmer No. 3978

P. O. Address Glasgow N

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.