

FILED JUN 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17035

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (In this place) <u>2 Hrs</u>		c. CITY OR TOWN <u>Esther</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>Bonne Terre Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>0940</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>William</u>		c. (Last) <u>Moore</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>18,</u>		(Year) <u>1954</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan-11-1905</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR <u>4</u> Months		IF UNDER 1 YEAR <u>7</u> Days		IF UNDER 1 HRS. <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ste. Genevieve County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles E. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Jane Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Virgie Moore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-05-0088</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Virgie Moore Esther, Mo</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Infarction of myocardium</u>				<u>6-hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic coronary thrombosis</u>				<u>2 years</u>	
		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 <u>4201</u>				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>9/6/53</u> , 19 <u> </u> , to <u>5/18/54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5/18/54</u> , 19 <u> </u> , and that death occurred at <u>5:55 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree, title) <u>[Signature]</u>				23b. ADDRESS <u>Bonne Terre, Missouri</u>		23c. DATE SIGNED <u>5/21/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-21-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 21 1954</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks F. Home</u>		ADDRESS <u>Rlat River, Mo</u>	

(Licensed) Embalmer's Statement on Reverse Side

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

MAR 8 1954

MAR 9 1955

MAR 10 1954

MAR 11 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 *Murphy Sparks*.....

Licensed Embalmer No. *423*

P. O. Address *Spokane, Idaho*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.