

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY Stoddard,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico Mo,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Puxico Mo.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Eliza b. (Middle) Moore c. (Last) Shoemate,			4. DATE OF DEATH (Month) 5 (Day) 24 (Year) 54
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb 13 1870
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR 3 Months 10 Days	IF UNDER 4 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Puxico Missouri, 0
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Louis Moore	
13b. MOTHER'S MAIDEN NAME Mary Clark		14. NAME OF HUSBAND OR WIFE deceased.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Thomas Williams		ADDRESS Puxico Mo,	
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) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 4201	
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) (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>5/24</u> , 19 <u>54</u> , to <u>5/24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5/24</u> , 19 <u>54</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE T. H. Williams, Jr. (Degree or title)		23b. ADDRESS Puxico Mo.	23c. DATE SIGNED 5/30/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5 - 27 - 54	24c. NAME OF CEMETERY OR CREMATORY Puxico	24d. LOCATION (City, town, or county) (State) Puxico Mo.
DATE REC'D BY LOCAL REG. 6/5/54	REGISTRAR'S SIGNATURE Paul Reed	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Service	ADDRESS Puxico Mo.

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

030
1

1030
0

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 Marsh Wethers

Licensed Embalmer No. 4717

P. O. Address Peeter 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.