No. 300
10.48

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

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18773

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Arcadia
c. LENGTH OF STAY (in this place): 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/2 mi. east of Ironton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Arcadia 0470 D
d. STREET ADDRESS (If rural, give location): 1/2 mile east of Ironton

3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle): EDWARD
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): June 18 1954

5. SEX: male D
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 23 1899
9. AGE (In years last birthday): 54 — If under 1 year: Months 5, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: factory
11. BIRTHPLACE (City and State or Foreign Country): Flat River, Missouri. C
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Andy Moore
13b. MOTHER'S MAIDEN NAME: Cora Montgomery
14. NAME OF HUSBAND OR WIFE: Mary Browers Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Mary Moore, Ironton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) terminal bronchical pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute bronchitis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Paresis (luetic) — ?
Acute prostatitis — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 500 x B
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-2-54, 19___, *to* 6-18-54, 19___, *that I last saw the deceased alive on* 6-17-54, 19___, *and that death occurred at* 7.15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Harland M.D.
23b. ADDRESS: Ironton, Missouri
23c. DATE SIGNED: 6-19-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-20-54
24c. NAME OF CEMETERY OR CREMATORY: Cove Cemetery
24d. LOCATION (City, town, or county) (State): Arcadia, Missouri

DATE REC'D BY LOCAL REG.: 6-21-54
REGISTRAR'S SIGNATURE: Mrs Cris Jones 1282
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: White Funeral Home, Ironton Mo. Carl White

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1958

AUG 21 1958

JUN 2

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 Russell J. White

Licensed Embalmer No. 2012

P. O. Address Grafton Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.