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

FILED AUG 4 1954

STANDARD CERTIFICATE OF DEATH

24190

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Randolph</b>	c. LENGTH OF STAY (In this place) <b>26 days</b>	c. CITY OR TOWN <b>Rural Randolph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Elvins R. F. D. No. 1</b>		e. STREET ADDRESS (If rural, give location) <b>Elvins R. F. D. No. 1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Denna</b> b. (Middle) <b>Kay</b> c. (Last) <b>Moore</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 21, 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>June 25, 1954</b>
9. AGE (In years last birthday) <b>26</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) <b>Elvins, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Ralph Moore</b>	13b. MOTHER'S MAIDEN NAME <b>Dolly Iahay</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Moore</b> ADDRESS <b>Elvins R. F. D. No. 1</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MARASMUS</b>		DUPLICATE OF (b) <b>INFECTIOUS DIARRHEA</b>		
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (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	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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 **7-21-54**, 19**54**, to **7-21-54**, 19**54**, that I last saw the deceased alive on **7-21-54**, 19**54**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>P. E. Howell, D.O.</b> (Degree or title)	23b. ADDRESS <b>FLAT RIVER, MO.</b>	23c. DATE SIGNED <b>7-24-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/23/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial</b>	24d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 24, 1954</b>	REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>But L. Boyer</b> ADDRESS <b>Leedswood, Mo.</b>
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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 *William E. Boyer*  
Licensed Embalmer No. *473*  
P. O. Address *Leadwood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.