

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 4489		Registrar's No. 103	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VANDUSER		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VANDUSER		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) A.		b. (Middle) G.		c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) 7-20-54	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1-2-1894	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GINNER			10b. KIND OF BUSINESS OR INDUSTRY COTTON GIN		11. BIRTHPLACE (City and State or Foreign Country) COTTON PLANT ARK		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ANDY MOORE			13b. MOTHER'S MAIDEN NAME BASHIE B. HENNARD		14. NAME OF HUSBAND OR WIFE OPHELIA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Ophelia Moore - Vanduser Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		cc. myocardial infarction					18 mo.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		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					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)		4201	
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 12-9, 1953, to 7-15, 1954, that I last saw the deceased alive on 7-15, 1954, and that death occurred at 6:30 AM., from the causes and on the date stated above.							
23a. SIGNATURE Sharon C. McClure				23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 7/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-24-54		24c. NAME OF CEMETERY OR CREMATORY OLD CITY		24d. LOCATION (City, town, or county) (State) MORLEY MO	
DATE REC'D BY LOCAL REG. 7-22-54		REGISTRAR'S SIGNATURE Mrs. Ella Hunter 429		25. FUNERAL DIRECTOR'S SIGNATURE Walter Funeral Home Sikeston Mo			

DATE RECEIVED JUL 26 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 754750

SEP 7 1954

AUG 16 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
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.