

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28729

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MADISON		
b. CITY (If outside corporate limits, write RURAL and give town or township) TOWN RURAL, ST. FRANCOIS		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN FREDERICKTOWN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MINERAL AREA OSTEO. HOSPITAL			e. STREET ADDRESS (If rural, give location) HIGH STREET		
3. NAME OF DECEASED (Type or Print) a. (First) LETHA b. (Middle) MOORE c. (Last) MOORE			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 13, 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-25-1896	9. AGE (In years last birthday) Months Days 57 11 18	IF UNDER 1 YEAR IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI, MARQUAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GEORGE POPE		13b. MOTHER'S MAIDEN NAME MARY ROGERS		14. NAME OF HUSBAND OR WIFE Miriam Moore	
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS M.M. MOORE - FREDERICKTOWN, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial degeneration INTERVAL BETWEEN ONSET AND DEATH 6 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic pelvic carcinoma DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 3 years 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 July 20, 1954 , to Aug 13, 1954 , that I last saw the deceased alive on Aug 13, 1954 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE E. W. DeLaney		(Degree or title) D. O.	23b. ADDRESS Fredericktown, Mo.		23c. DATE SIGNED 8/14/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/15/54	24c. NAME OF CEMETERY OR CREMATORY MARCUS MEMORIAL CEM.	24d. LOCATION (City, town, or county) (State) MADISON CO. MO.		
DATE REC'D BY LOCAL REG. Aug 14, 1954	REGISTRAR'S SIGNATURE E. W. DeLaney		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Adairson - FREDERICKTOWN, MO.		

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 *Frederick T. Adams* _____

Licensed Embalmer No. *4357*

P. O. Address *FREDERICK T. ADAMS*

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.