No. 300
10.48

FILED AUG 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29677

State File No.

BIRTH NO. REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 44

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

1. PLACE OF DEATH
a. COUNTY WRIGHT [redacted]
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MTN. GROVE
c. LENGTH OF STAY (In this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pauline's REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL HART 1140 TWP
d. STREET ADDRESS (If rural, give location) S.E. of HARTVille 4 mi

3. NAME OF DECEASED (Type or Print)
a. (First) EDNA b. (Middle) LEE c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) 8 - 3 - 54

5. SEX Fe1

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 1-30-1913

9. AGE (In years last birthday) 41 — If under 1 year: Months 6 Days 4 — If under 24 hrs.: Hours — 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) WRIGHT Co. MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MARION Moore

13b. MOTHER'S MAIDEN NAME Josephine Campbell

14. NAME OF HUSBAND OR WIFE VIRGIL MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME MRS. Pomperien ADDRESS MtN GROVE

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) Coronary Embolus — INTERVAL BETWEEN ONSET AND DEATH 8-3-54

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Varicose Veins (approximately) Many years
DUE TO (c) Pregnancy 1954

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 ☐ 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? 6483

22. *I hereby certify that I attended the deceased from* 8-1-, 1954, *to* 8-4-, 1954, *that I last saw the deceased alive on* 8-3-, 1954, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Mountain Grove Mo.

23c. DATE SIGNED 8-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 8-8-54

24c. NAME OF CEMETERY OR CREMATORY MOORE

24d. LOCATION (City, town, or county) (State) WRIGHT Co, MO.

DATE REC'D BY LOCAL REG. 8-16-54

REGISTRAR'S SIGNATURE A.B. Ames 348 d

25. FUNERAL DIRECTOR'S SIGNATURE John L. Simpson ADDRESS Hartville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 26 1954
WRIGHT CO. HEALTH DEPT.
County File Number 854-92
Date Filed AUG 28 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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Marshfield 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.