

FILED OCT 11 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30187

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5373 Registrar's No. 56

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

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amity, RURAL Camden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amity, 2 Miles east of town</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. east of town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 2 Mi east of town</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarepta</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-23-54</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 23, 1873</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Robert Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Margarett Backett</u>		14. NAME OF HUSBAND OR WIFE <u>Waldo Moore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Waldo Moore</u> ADDRESS <u>Amity Mo</u>	

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) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 1/2 hours</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hyper-tensive Heart Disease</u>			Interval <u>Head on arrival</u>
		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 <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 Coroner notified, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 A m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Harold Fowler</u>		23b. ADDRESS <u>Mayaville Mo</u>		23c. DATE SIGNED <u>9/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amity</u>	
				24d. LOCATION (City, town, or county) (State) <u>Amity Mo</u>	

DATE REC'D BY LOCAL REG. <u>9-27-54</u>		REGISTRAR'S SIGNATURE <u>Harold Fowler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Fowler</u> ADDRESS <u>Mayaville Mo</u>	
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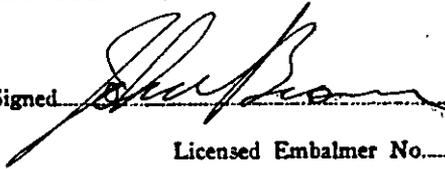
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed 

Licensed Embalmer No. 3933

P. O. Address Maysville 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.