

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33522**

FILED OCT 25 1954

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 161	
1. PLACE OF DEATH a. COUNTY Franklin.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. LENGTH OF STAY (in this place) 1 day.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		d. STREET ADDRESS (If rural, give location) 306 E. Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.				d. STREET ADDRESS (If rural, give location) 306 E. Main St.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) F.		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) Oct. 20th, 1954.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 13th, 1872	
9. AGE (In years last birthday) 82		10. MONTHS 4		11. DAYS 7		12. HOURS 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.		10b. KIND OF BUSINESS OR INDUSTRY Own home.		11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Raffial Schimonsky.		13b. MOTHER'S MAIDEN NAME Unknown.		14. NAME OF HUSBAND REX MOORE James H. 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 Mrs. John Bannon		ADDRESS Washington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Jan 1, 1954 , to Oct 20, 1954 , that I last saw the deceased alive on Oct 20, 1954 and that death occurred at 6:15 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE J.P. For M.V.				23b. ADDRESS Washington, Mo.		23c. DATE SIGNED 10/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 23, 1954.		24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,		24d. LOCATION (City, town, or county) (State) Washington, Mo.	
DATE REC'D BY LOCAL REG. 10/22/54		REGISTRAR'S SIGNATURE J.P. Schimonsky		25. FUNERAL DIRECTOR'S SIGNATURE Theburg & Vitt Inc.		ADDRESS Washington, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Lester A. Witt

Licensed Embalmer No. 2254

P. O. Address Washington, 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.