No. 300
10-48

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41513

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 110

500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-MERAMEC
c. LENGTH OF STAY (In this place): 2 1/2 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HILL INF.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ~~MO~~ ILLINOIS
b. COUNTY: 8120
c. CITY OR TOWN: CAIRO
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 8
e. STREET ADDRESS (If rural, give location): 608 WASHINGTON

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): TURNER
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): 12 - 26 - 1954

5. SEX: MO
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 12/8/1871
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 14 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: SALESMAN
11. BIRTHPLACE (City and State or Foreign Country): ERIE CO PENNA
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: SOLON MOORE
13b. MOTHER'S MAIDEN NAME: MATTIE S. CONANT
14. NAME OF HUSBAND OR WIFE: MARGARET KENNEDY

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.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Bro. Rocks O.S.F. St. Joseph's Hill Eureka

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): GENERALIZED ARTERIO-SCLEROSIS
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c): CARDIAC CONGESTION

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4500
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?

22. *I hereby certify that I attended the deceased from* 10/16/, 1954, *to* 12/24/, 1954, *that I last saw the deceased alive on* 12/24, 1954, *and that death occurred at* 5:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Marder MD
23b. ADDRESS: 4323 ROLAND DR. NORMANDY 2 MO.
23c. DATE SIGNED: 12/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-27-54
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): CAIRO, ILL.

DATE REC'D BY LOCAL REG.: Jan 1-1955
REGISTRAR'S SIGNATURE: Ruth Jinsa 438
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jno. L. Thielen, Pacific Mo.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 4 1955

AUG 16 1955

JAN 12 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. L. Thieme

Licensed Embalmer No. 300

P. O. Address Pacific

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.