No. 300
10.48

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

FILED JAN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 59

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 202 S. Alabama St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN: Mexico
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 202 S. Alabama St. 0043 0

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

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1955

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 13, 1907

9. AGE (In years last birthday): 47
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Repairer

10b. KIND OF BUSINESS OR INDUSTRY: Shoe Repairing

11. BIRTHPLACE (City and State or Foreign Country): Ralls, County, Mo. 0

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

13a. FATHER'S NAME: Benjamin Moore

13b. MOTHER'S MAIDEN NAME: Mary E. Foster

14. NAME OF HUSBAND OR WIFE: Ethlyn Moore

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

16. SOCIAL SECURITY NO.: 491-05-5459

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Ethlyn Moore, Mexico, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Deceased was found dead in his home

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) by his wife, with no indications of foul
DUE TO (c) play. He died unattended by a physician. The symptons he complained

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
with for the last few days indicated a circulatory trouble. He probaly died of a cononary thrombosis 4201

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [ ] NO [X]

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): Mexico, Audrain Missouri

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* Coroners investigation, 19____, *that I last saw the deceased alive on* Jan. 10, 1955, *and that death occurred at* 4:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. C. Adams M.D. Coroner

23b. ADDRESS: Mexico, Mo.

23c. DATE SIGNED: Jan. 10, 55

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

24b. DATE: JAN. 12. 1955

24c. NAME OF CEMETERY OR CREMATORY: Eastlawn Mem Park

24d. LOCATION (City, town, or county) (State): Audrain Co Mo

DATE REC'D BY LOCAL REG.: Jan 11-1955

REGISTRAR'S SIGNATURE: Blanche Neely

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Paul E. Pruch, Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 27 1955

MAR 23 1955

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Billy J. Skinner

Licensed Embalmer No. 4784

P. O. Address Mexico

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