

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 447

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Cape Gir		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 71 yr		c. CITY OR TOWN Cape Girardeau		
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital		STREET ADDRESS (If rural, give location) 308 S Hanover				
3. NAME OF DECEASED (Type or Print) Minnie Moore			4. DATE OF DEATH (Month) (Day) (Year) Feb 3 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 21 1883		9. AGE (In years last birthday) 71	
			IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	
					Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Mo.		
				12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Griebbe		13b. MOTHER'S MAIDEN NAME Christine Kaufmann		14. NAME OF HUSBAND OR WIFE Robert Moore (Deceased)		
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. no		17. INFORMANT'S SIGNATURE OR NAME Mr. Ivan Moore		
				ADDRESS Cape Gir. 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) Cardiac Arrest				INTERVAL BETWEEN ONSET AND DEATH Immediate
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 10 years?				
		DUE TO (c) 4:200 H				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinomatous Carcinoma of bowel				Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Resection Meltiter, Seven 7 years				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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 1948 to Feb 3, 1955, that I last saw the deceased alive on Feb 3, 1955, and that death occurred at 8:30 AM, from the causes and on the date stated above.						
23a. SIGNATURE John Moore		(Degree or title) MD		23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED Feb 4, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 6 1955	24c. NAME OF CEMETERY OR CREMATORY Fairmount		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG 2-7-55		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE W. H. E. P. Cape Gir MO		

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

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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.....  
Signature of Student Embalmer

Signed..... *W. H. Estes*

Licensed Embalmer No. *356*

P. O. Address *Page 10*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.