

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7325

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) township) <u>17 mo 1 day</u>	c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>			f. STREET ADDRESS (If rural, give location) <u>4115 King Hill Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>W.</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct 24, 1869</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri - Buchanan County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James R. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Laura ?</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Myrtle Edg. Moore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Opal Moore</u> ADDRESS <u>4115 King Hill Ave. St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Psychosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>490 X</u>				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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Feb 24, 1955</u> , to <u>March 25, 1955</u> , that I last saw the deceased alive on <u>March 25, 1955</u> , and that death occurred at <u>1:28 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Garrett Thomas MD</u>		23b. ADDRESS <u>St. Joseph No 1 State Hosp. No 2</u>		23c. DATE SIGNED <u>3/25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>		
DATE REC'D BY LOCAL REG. <u>March 28, 1955</u>	REGISTRAR'S SIGNATURE <u>Garth W. Allison</u>		485	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Clark</u> ADDRESS <u>120 Illinois Ave</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *Earl A Clark*

Licensed Embalmer No... *42*

P. O. Address..... *St. Louis*

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.