

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9016

State File No. ....

*Dr. Turner*  
FILED MAR 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Pemissac</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemissac</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayth</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>	
		d. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hubert Ernest</u>	b. (Middle) <u>Moore</u>	c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-8-1896</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months <u>9</u>	Days <u>29</u>

10a. USUAL OCCUPATION (Give kind of work: don't include type of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Berry Co Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Abner Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Lunden</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Moore</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>approximately 5 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/7, 1955, to 3/7, 1955, that I last saw the deceased alive on 3/7, 1955, and that death occurred at 12:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William F. Turner M.D.</u>	23b. ADDRESS <u>Steele Mo</u>	23c. DATE SIGNED <u>3/11/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-14-55</u>	REGISTRAR'S SIGNATURE <u>John W. Gorman</u>	400- <u>400</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman Undert Co.</u>	ADDRESS <u>Steele Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3-77-55

MAR 17 1955

MAR 18 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *John F. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.