

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11352

| | | | | | | | | | |
|---|--|---|--|---|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 73 | | PRIMARY REG. DIST. NO. 5291 | | Registrar's No. 34 | | | |
| 1. PLACE OF DEATH a. COUNTY Clay | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY Platte | |
| b. CITY OR TOWN Liberty - Rural | | c. LENGTH OF STAY (in this place) 2 Yrs. | | c. CITY OR TOWN Rural | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION I.O.O.F. Hospital | | | | d. STREET ADDRESS (If rural, give location) 3 Miles South of Edgerton, Mo. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Chester | | | b. (Middle) Guy | | c. (Last) Moore | | 4. DATE OF DEATH (Month) (Day) (Year) May 1 1955 | | |
| 5. SEX Ma | | 6. COLOR OR RACE Wh | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2 | | 8. DATE OF BIRTH Mar. 23, 1883 | | 9. AGE (In years last birthday) 72 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME James J. Moore | | | 13b. MOTHER'S MAIDEN NAME Adelia Johnson | | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Frances Smith Edgerton, 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) Diabetes Coma Probable Cerebral Hemorrhage Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs 6 hrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 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) 331 X | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 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 10:50, to May 1, 1955, that I last saw the deceased alive on May 1, 1955 and that death occurred at 12:00 p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Wm H Goodson MD | | | | 23b. ADDRESS 0 Liberty Mo | | 23c. DATE SIGNED 4/13/55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-3-55 | | 24c. NAME OF CEMETERY OR CREMATORY Ridgeley Cemetery | | 24d. LOCATION (City, town, or county) (State) Platte County, Missouri | | | |
| DATE REC'D BY LOCAL REG May 4, 1955 | | REGISTRAR'S SIGNATURE Mabel Graham 491 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McGomas Funeral Home Smithville, Mo. | | | | | |

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

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.

Student Embalmer No.

Signed

Donald W. Hauke

Signed

Student Embalmer

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.