

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11668**

FILED MAY 2 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 53

<b>1. PLACE OF DEATH</b> a. COUNTY <u>HENRY</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>30 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 W Jefferson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> d. STREET ADDRESS (If rural, give location) <u>208 West Jefferson</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) <u>LEONARD</u>	a. (First) <u>L</u>	b. (Middle) <u>MOREE</u>	c. (Last) <u>SP</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>4-21-55</u>
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<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOWER</u>	<b>8. DATE OF BIRTH</b> <u>7/21/1909</u>	<b>9. AGE</b> (in years last birthday) <u>47</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>TIRE REPAIR</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>ST. LAIR Co mo</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>ROBERT MOREE</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>IDA MAY MOREE</u>	<b>14. NAME OF HUSBAND OR WIFE</b> _____
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Leonard Moree</u>	<b>ADDRESS</b> <u>Kansas City</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>coronary infarction</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Sudden</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____		

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 4-21, 1955, that I last saw the deceased alive on DOA, 1955, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>R. J. Powell (coroner) M.D.</u>	<b>23b. ADDRESS</b> <u>Clinton Mo</u>	<b>23c. DATE SIGNED</b> <u>4-22-55</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Buried</u>	<b>24b. DATE</b> <u>4/23/55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Englewood Cem</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Clinton Mo</u>
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<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <u>April 23 1955 Florence Adair</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>J. E. Consolue</u>	<b>ADDRESS</b> <u>Clinton Mo</u>
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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 .....  
Student Embalmer

Signed J E Conner.....

Licensed Embalmer No. 1891

P. O. Address Clinton, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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