

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14867**

BIRTH NO.		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 228
1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fornfelt		
c. LENGTH OF STAY (in this place) 7 hours		d. STREET ADDRESS (If rural, give location) 7000		
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hosp				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) WASHINGTON		c. (Last) MOORE
4. DATE OF DEATH (Month) May (Day) 20 (Year) 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 8, 1883	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road foreman of Engines		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (State or foreign country) Colt, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME William Moore		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE Grace Smith Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702-09-5202		17. INFORMANT'S SIGNATURE OR NAME Mrs. H. F. McMillen ADDRESS Fornfelt, Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		ANTECEDENT CAUSES DUE TO (b) Cardio-renal Metabolism		1 day
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 442X		1 year
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"/>
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5:20 , 1955 , to 5:20 , 1955 , that I last saw the deceased alive on 5:20 , 1955 , and that death occurred at 10:30 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) K. H. ... M.D.		23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 5/21/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23, 1955		24c. NAME OF CEMETERY OR CREMATORY Cape Memorial Park
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff Funeral Home		ADDRESS Illmo, Mo.
DATE REC'D BY LOCAL REG. 5-28-55		REGISTRAR'S SIGNATURE W. C. Summers		

(Licensed Embalmer's Statement on Reverse Side)

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

1951 JUN 6

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.....



Licensed Embalmer No. 4470.....

P. O. Address. Illmo, 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.