

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17961

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>ADVANCE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Missouri Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>A.</u> c. (Last) <u>MOORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18-1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 8, 1897</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Cattle &amp; Crop farming</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>58</u> If UNDER 1 YEAR Months <u>3</u> Days <u>10</u> If UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Cattle &amp; Crop farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>John Abner Moore</u>	
13b. MOTHER'S MAIDEN NAME <u>Arminia Jennings</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Flora Moore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Flora Moore-Advance, Mo. Rt. # 2</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>Bleeding from g. &amp; J. tract</u> ANTECEDENT CAUSES <u>Chemia</u> DUE TO (b) <u>  </u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>444X</u> 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 <u>6/17</u> , 19 <u>55</u> , to <u>6/18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/18</u> , 19 <u>55</u> , and that death occurred at <u>3:15 a.m.</u> from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. H. Kemmer MD</u>		23b. ADDRESS <u>Cape Girardeau, Mo.</u>	
23c. DATE SIGNED <u>6/23/55</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 20-55</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Pleasant Grove cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO., Bloomfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-25-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Summer</u>	

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 Lulu Cooper # 3499....., Student Embalmer No. ~~XXXXXXXXXXXX~~

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Juan B Cooper.....

Licensed Embalmer No. 411

P. O. Address Bloomfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.