

FILED JUN 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19308

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 337 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Mt Vernon</u>	c. LENGTH OF STAY (in this place) <u>lifetime</u>	c. CITY OR TOWN <u>Mt Vernon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 528 Kirby ave</u>		e. STREET ADDRESS (If rural, give location) <u>528 Kirby Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> c. (Last) <u>Moore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23-1955</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov-28-1872</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Christian County, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George C Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda M Hart</u>	14. NAME OF HUSBAND OR WIFE <u>Harry Moore</u>
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 <u>Harry Moore Mt Vernon Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension & Chr.</u> DUE TO (c) <u>Myocarditis: 33ix</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple Central Vascular accidents 5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8/16</u> , 19 <u>55</u> , to <u>6/23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/23</u> , 19 <u>55</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kenneth Glover MD</u> (Degree or title)		23b. ADDRESS <u>Mt. Vernon, Mo</u>	23c. DATE SIGNED <u>6/25/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orange Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora Mo</u>
DATE REC'D BY LOCAL REG. <u>6-26-55</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u> 411-10	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Max L. Fossett Mt. Vernon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed *Max F. Fossett*

Licensed Embalmer No. *425*

P. O. Address *Mpls*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.