

STANDARD CERTIFICATE OF DEATH

State File No. **19751**

FILED JUL 5 1955

BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **4449** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Reynolds			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds		
b. CITY (If outside corporate limits, write RURAL and give township) Ellington		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Ellington		d. STREET ADDRESS (If rural, give location) Carter Nursing Home
d. FULL NAME OF HOSPITAL OR INSTITUTION Carter Nursing Home			d. STREET ADDRESS (If rural, give location) Carter Nursing Home		

3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle)		c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) May 24 1955		
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH unknown		9. AGE (In years last birthday) about 83	F UNDER 1 YEAR Months Days	F UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) unknown			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE J. A. Moore			
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. no		17. INFORMANT'S SIGNATURE OR NAME Father Searrey, Ironton Mo.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH unknown	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis (Generalized)				DUE TO (c) 4257	
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 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) (Min.)		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 **May 13 1955**, to **May 24 1955**, that I last saw the deceased alive on **May 24 1955**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kenneth T Carter		23b. ADDRESS 100 - 0 Ellington Mo		23c. DATE SIGNED May 24/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-25-55	24c. NAME OF CEMETERY OR CREMATORY Pilot Knob Catholic Cemetery Pilot Knob Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. June 30-55		REGISTRAR'S SIGNATURE Essie Evans		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 7-1-55

Reynolds County Health Center

File No. 755 - 27

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 Russell F. Little

Licensed Embalmer No. 3012

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.