

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21204

State File No. ....

FILED JUL 25 1955 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 728

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Buchanan</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Joseph</u> |  | c. CITY OR TOWN <u>St. Joseph</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>7yr. 9-28</u>  |  | e. STREET ADDRESS (If rural, give location)<br><u>302 Harrington St.</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>                                 |  |   |   |

|  |                                  |   |  |   |  |
|--|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>John</u><br>b. (Middle) <u>Harold</u><br>c. (Last) <u>Moore</u>     |                                  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 17, 1955</u>            |   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Divorced</u> | 8. DATE OF BIRTH<br><u>Sept. 15, 1912</u>                                | 9. AGE (In years last birthday) <u>42</u> | IF UNDER 1 YEAR<br>Months <u>10</u><br>Days <u>2</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer beef Dept.</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Meat Packing</u>                  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Mercer, Mo.</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>        |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><u>Grover Moore</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Adda McIntosh</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Divorced (not given)</u> |
|---|---|--|

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>500-10-4082</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Thomas E. Moore</u> | ADDRESS<br><u>302 Harrington St.</u> |
|---|---|---|--------------------------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Syphilitis</u>   |  | <u>7 yrs</u>                     |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Decompensated heart</u><br>DUE TO (c) |  | <u>chronic</u>                   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>023X</u>  |  |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) m. | 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 July 16, 1955, to July 17, 1955, that I last saw the deceased alive on July 16, 1955, and that death occurred at 7:17a m., from the causes and on the date stated above.

|  |                                  |   |                                       |
|--|----------------------------------|---|---------------------------------------|
| 23a. SIGNATURE<br><u>G. B. Bessine</u> | (Degree or title)<br><u>M.D.</u> | 23b. ADDRESS<br><u>St. Joseph, Mo. State Hospt. # 2</u> | 23c. DATE SIGNED<br><u>July 17/55</u> |
|--|----------------------------------|---|---------------------------------------|

|  |                                 |   |   |
|--|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>July 20, 55</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cem.</u> | 24d. LOCATION (City, town, or county) (State)<br><u>St. Joseph, Mo.</u> |
|--|---------------------------------|---|---|

|  |   |       |   |                                   |
|--|---|-------|---|-----------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>July 19, 1955</u> | REGISTRAR'S SIGNATURE<br><u>Kathleen M. Allison</u> | 485-0 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Clark Funeral Home</u> | ADDRESS<br><u>St. Joseph, Mo.</u> |
|--|---|-------|---|-----------------------------------|

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

0.300  
0.48

1961 6 4 11:41

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..... *Emma Clark* .....

Licensed Embalmer No. *428*

P. O. Address *S. J. Gray*

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.