No. 300
10.48

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23302

BIRTH NO. _____ REG. DIST. NO. 390 PRIMARY REG. DIST. NO. 6014 Registrar's No. 4

0880

1. PLACE OF DEATH
a. COUNTY Randolph Rural Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Higbee Mo Rural Moniteau
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Higbee Mo Rural Moniteau
d. STREET ADDRESS (If rural, give location) 0880

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle)
c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) July 10 1955

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar 12 1864
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Randolph Co 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Moore
13b. MOTHER'S MAIDEN NAME Mary Stevens
14. NAME OF HUSBAND OR WIFE

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 Ralph Moore — ADDRESS Higbee Mo

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) Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombotic Encephalomalacia with Cerebral Hemorrhage — 4 days
DUE TO (c) Advanced Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
1) Osteomyelitis - Chronic
2) Purulent Urinary Cystitis & Ascending Urinary Infection & Prostatic Enlargement.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 29, 1954, *to* July 10, 1955, *that I last saw the deceased alive on* July 10, 1955, *and that death occurred at* 7:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Per Y. Brolinson, D. O.
23b. ADDRESS Higbee Missouri
23c. DATE SIGNED 7/16/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 13 1955
24c. NAME OF CEMETERY OR CREMATORY Fairview
24d. LOCATION (City, town, or county) (State) So. East of Higbee Mo

DATE REC'D BY LOCAL REG. July 14 55
REGISTRAR'S SIGNATURE Joe W Burton 452-0
25. FUNERAL DIRECTOR'S SIGNATURE Burton Funeral Home — ADDRESS Higbee Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed [signature]

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.