

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26784

State File No.

BIRTH NO.		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>133</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Laclede</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Lebanon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Wright</u>	
c. LENGTH OF STAY (in this place) <u>6 Wks.</u>		c. CITY OR TOWN <u>Grove Spring</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>114!</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>				STREET ADDRESS (If rural, give location) <u>Rural Route # 1.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>James</u>	b. (Middle) <u>Moore</u>	c. (Last) <u>Moore</u>	(Month) <u>Aug.</u>	(Day) <u>19</u>	(Year) <u>1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 23 1870</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>26</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>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John J. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Sylvania Lathrom</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Moore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Moore</u> ADDRESS <u>Grove Spring Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		ANTECEDENT CAUSES				<u>18 mos.</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>arteriosclerotic heartdis</u>					
		DUE TO (c)					
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 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 <u>2 - 1954</u> , to <u>8-19-1955</u> , that I last saw the deceased alive on <u>8-18-1955</u> and that death occurred at <u>7:00 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B B Hurst M.D.</u> (Degree or title)			23b. ADDRESS <u>Lebanon, Mo.</u>			23c. DATE SIGNED <u>8-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/21/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright Co. Mo.</u>		
DATE REC'D BY LOCAL BEG. <u>8-21-1955</u>		REGISTRAR'S SIGNATURE <u>Bella L. Way</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Halman</u>		ADDRESS <u>Funeral Home Lebanon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received 8-29-55
Laclede County Health Unit
File No. 133
Date Filed 8-29-55

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 Dorsey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

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.