

26967

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 16 1955

BIRTH NO. 184 REG. DIST. NO. 826 PRIMARY REG. DIST. NO. 3042 Registrar's No. 40

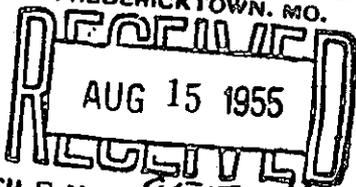
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>			c. LENGTH OF STAY (In this place) <u>4 YRS</u>		c. CITY OR TOWN <u>FREDERICKTOWN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HICKORY ST. ANDREWS ADDITION</u>				STREET ADDRESS (If rural, give location) <u>HICKORY ST. ANDREWS ADDITION</u>				
3. NAME OF DECEASED a. (First) <u>BENJAMIN</u> (Type or Print)			b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>MOORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 9, 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>NOV. 12, 1871</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Month <u>8</u> Day <u>27</u>	IF UNDER 24 HRS. Hours <u>27</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER-LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>DELTA, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH MOORE</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH PAYTON</u>		14. NAME OF HUSBAND OR WIFE <u>JULIA MOORE (DECEASED)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. DORA DUNN HOO - FREDERICKTOWN, 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, 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>Alcemia</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of kidneys</u> DUE TO (c) <u>metastatic carcinoma of intestine</u>				<u>2 days</u> <u>4 months</u> <u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>								<u>15-3X</u>
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>Oct</u> , 19 <u>52</u> , to <u>Aug 9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>August 7, 1955</u> , and that death occurred at <u>7:30 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. Kenneth P. Whick</u>				23b. ADDRESS <u>Fredricktown Mo</u>		23c. DATE SIGNED <u>8/10/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO</u>			
DATE REC'D BY LOCAL REG. <u>8-10-1955</u>		REGISTRAR'S SIGNATURE <u>Arrence Hick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Adams</u>		ADDRESS <u>FREDERICKTOWN, MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

.300
.48

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 832-70

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 *Harlan Adams*

Licensed Embalmer No. 425

P. O. Address FREDERICKTOWN

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.