

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32548

State File No.

FILED NOV 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>64</u>	PRIMARY REG. DIST. NO. <u>4110</u>	Registrar's No. <u>49</u>
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		c. LENGTH OF STAY (in this place) <u>April 2 hrs</u>	c. CITY OR TOWN <u>Cockrell Township</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>City detention</u>		e. STREET ADDRESS (If rural, give location) <u>13 Miles North of Salisbury</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u>		b. (Middle) <u>Cliff</u>	c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 10 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 24 1905</u>	9. AGE (in years last birthday) <u>50</u> Months <u>3</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter - Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House - Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Thomas Humphrey Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Powell Moore</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-18-5710</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ray C. Moore Bynumville 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brooks Inhalation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9166</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>40</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City Jail</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Salisbury (Chariton) Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 10 - 1955 8:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>During mattress on wall</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>H. P. Gaussett Coroner Chariton Co. Kytaeville Mo.</u>		23b. ADDRESS	23c. DATE SIGNED <u>Nov 10 / 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov 12, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McSurry Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-12-55</u>	REGISTRAR'S SIGNATURE <u>H. W. Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas B Winhelmyer</u>	ADDRESS <u>Salisbury Mo.</u>	

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

DEC 2 1958

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 *Chas B. Weinheimer*

Licensed Embalmer No... *384*

P. O. Address *Salisbury*

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.