

FILED OCT 25 1955

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32999

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>4219</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Hickory</u>		b. CITY OR TOWN <u>Weaubleau</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>Hickory</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weaubleau</u>		d. STREET ADDRESS (If rural, give location) <u>East Weaubleau</u>		d. 130	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>George</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Moore</u>	10 (Month) <u>10</u>	11 (Day) <u>17</u>	12 (Year) <u>55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar</u>	8. DATE OF BIRTH <u>May 1 - 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>16</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>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Rountree</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Moore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Glen Johnston</u> ADDRESS <u>Weaubleau</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>					<u>Immediate</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>Arterial Sclerosis</u>					<u>years 10.</u>	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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.						
	II. OTHER SIGNIFICANT CONDITIONS <u>4201</u>						
	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)		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>Aug. 18, 1955</u> , to <u>Oct. 17, 1955</u> , that I last saw the deceased alive on <u>Oct 17, 1955</u> , and that death occurred at <u>11:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. E. Briggs, D.O.</u>				23b. ADDRESS <u>2714 Chestland, Mo</u>		23c. DATE SIGNED <u>10-18-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-20-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Criteinger</u>		24d. LOCATION (City, town, or county) (State) <u>Hickory MO</u>			
DATE REC'D BY LOCAL REG. <u>10-20-1955</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gilbert Hathaway</u>		ADDRESS <u>Chestland Mo.</u>	

(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

Chas. Gilbert Helthaus

Licensed Embalmer No. *4267*

P. O. Address

W. H. ...

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.