

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36621**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5464** Registrar's No. **1098**

1. PLACE OF DEATH a. COUNTY.. Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri , b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willard, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willard.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Family Home		e. STREET ADDRESS 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Harte	b. (Middle) Ewell	c. (Last) Moore	4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1955
-------------------------------------	-------------------------	--------------------------	------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5th, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR (Months) 11	IF UNDER 24 HRS. (Hours) 28	IF UNDER 1 MIN. (Min.)
--------------------	-------------------------------	---	--	---	------------------------------------	------------------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman	10b. KIND OF BUSINESS OR INDUSTRY Mag. Oil Co.	11. BIRTHPLACE (State or foreign country) Near Willard, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	---	---

13a. FATHER'S NAME Dorsey McClellan Moore	13b. MOTHER'S MAIDEN NAME Laura Ellen Race	14. NAME OF HUSBAND OR WIFE Maude Burton Moore
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 456-01-4904	17. INFORMANT'S SIGNATURE OR NAME Mrs Maude Burton Moore, Willard, Mo	ADDRESS
--	--	--	---------

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, ashenia, 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) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

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) (Min.)	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 **Dec 2, 1955**, to **Dec 3, 1955**, that I last saw the deceased alive on **Dec 2, 1955**, and that death occurred at **3.30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. E. Albaugh M.D.	(Degree or title)	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 12/7/55
--	-------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 5-55	24c. NAME OF CEMETERY OR CREMATORY Murray's Cemetery	24d. LOCATION (City, town, or county) (State) 1 1/2 m. S.W. Willard, Missouri
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. 12-5-55	REGISTRAR'S SIGNATURE W. E. Albaugh	25. FUNERAL DIRECTOR'S SIGNATURE Greenwade-Windle	ADDRESS Willard, Missouri.
---	--	--	-----------------------------------

