

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40280

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 199	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Trenton		c. LENGTH OF STAY (In this place) 13 years.		c. CITY OR TOWN Trenton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 921 Kunker St				e. STREET ADDRESS (If rural, give location) 921 Kunker St. 0.4000			
3. NAME OF DECEASED (Type or Print) a. (First) NORMA		b. (Middle)		c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) Dec 31 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED		8. DATE OF BIRTH JAN 22, 1874	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Grundy Co. Mo	
11. BIRTHPLACE (City and State or Foreign Country) Grundy Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME J.B. Hinkleley		13b. MOTHER'S MAIDEN NAME Elizabeth	
14. NAME OF HUSBAND OR WIFE A.W. Moore (dec)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Burgess Trenton, Mo	
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) Adeno-Carcinoma of Left Breast 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. 170X				INTERVAL BETWEEN ONSET AND DEATH 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec 1st, 1954, to Dec 31st, 1955, that I last saw the deceased alive Dec 30th, 1955 and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE (Ink or Title) Owen F. Duffy M.D.				23b. ADDRESS Trenton Mo		23c. DATE SIGNED Dec 31st 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JAN 2 1956		24c. NAME OF CEMETERY OR CREMATORY Rural Date cemetery		24d. LOCATION (City, town, or county) (State) R.F.D. Trenton, Mo	
DATE REC'D BY LOCAL REG. 1-3-56		REGISTRAR'S SIGNATURE (Ink) Owen F. Duffy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gordon Blackmore Trenton, Mo.			

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.....
Signature of Student Embalmer

Signed *Harold L. Roberts*

Licensed Embalmer No. *492*

P. O. Address *Greenville, S.C.*

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.