

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 780

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>4 wks</u>	c. CITY OR TOWN <u>Boonville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>104 6th St.</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>WARREN</u>	b. (Middle) <u>LOUIS</u>	c. (Last) <u>MOORE</u>
4. DATE OF DEATH	(Month) <u>Feb.</u>	(Day) <u>6,</u>	(Year) <u>1956</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>Oct. 17, 1917</u>
9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Jewelry</u>	11. BIRTHPLACE* (City and State or Foreign Country) <u>Mendota, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Louis H. Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Whittaker</u>
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Irene Moore</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>319-01-9807</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Warren L. Moore</u>		ADDRESS <u>Boonville, Mo.</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>BRONCHOGENIC CARCINOMA</u>			<u>4 MONTH</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbidity 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. <u>HEMIPLEGIA, LEFT</u>		<u>4 MONTH</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)	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>JAN. 4, 1956</u> to <u>FEB. 6, 1956</u> , that I last saw the deceased alive on <u>FEB. 6, 1956</u> , and that death occurred at <u>8:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. Shacker, M.D.</u>	23b. ADDRESS <u>2329 Main St., Boonville, Mo.</u>	23c. DATE SIGNED <u>Feb. 7, 1956</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Feb. 9/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>LaMoille, Illinois</u>
DATE REC'D BY LOCAL REG. <u>2/7/56</u>	REGISTRAR'S SIGNATURE <u>D.G. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B.W. Shacker</u> ADDRESS <u>Boonville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 1 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 Ermy W. Shacter

Licensed Embalmer No. 3944

P. O. Address Bonville

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.