

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1191**

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **4219** Registrar's No. **43**

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

1. PLACE OF DEATH a. COUNTY <u>Hickory</u> b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Beaubleau</u> c. LENGTH OF STAY (in this place) <u>1 Day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Estons Rest Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u> c. CITY OR TOWN <u>Cross Timbers</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>0400</u>	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>L</u> c. (Last) <u>Moore</u> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 20 - 1888</u>
9. AGE (in years last birthday) <u>67</u>	IF UNDER 1 YEAR <u>6</u> Months	IF UNDER 24 HRS. <u>13</u> Days	IF UNDER 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bank Teller</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Janitor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cross Timbers MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>Jess Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzie Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Grace 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</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert L. Moore - Sodalina Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Weakness</u> DUE TO (c) <u>Small Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION
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>5</u> 19 <u>56</u> , to <u>Feb. 3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 3</u> , 19 <u>56</u> and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. P. Easton</u>		23b. ADDRESS <u>Beaubleau MO</u>	23c. DATE SIGNED <u>Feb. 6 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 6 - 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cross Timbers, MO</u>
DATE REC'D BY LOCAL REG. <u>2-6-1956</u>	REGISTRAR'S SIGNATURE <u>Mary Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Halloway - Wheatland, MO</u>	

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. Gilbert Hathaway*.....

Licensed Embalmer No. *4267*.....

P. O. Address *W. Hartford, Conn.*.....

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.