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06301

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

FILED JAN 23 1956

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

State File No. 1982

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758 Registrar's No. 1

**1. PLACE OF DEATH**
a. COUNTY: Maries
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural South Miller
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries
c. CITY OR TOWN: Rural South Miller
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0630

**3. NAME OF DECEASED** (Type or Print)
a. (First): Josephine
b. (Middle): Avenel
c. (Last): Moore

**4. DATE OF DEATH** (Month) (Day) (Year): 1 15 1956

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 9/26/1884
**9. AGE** (In years last birthday): 71 — If under 1 year: Months 3, Days 19; If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housework
**10b. KIND OF BUSINESS OR INDUSTRY**: Own Home
**11. BIRTHPLACE** (City and State or Foreign Country): Gainesville, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.
**13a. FATHER'S NAME**: Ambrose Evans
**13b. MOTHER'S MAIDEN NAME**: Lucy Booth
**14. NAME OF HUSBAND OR WIFE**: Fred Moore
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): X
**16. SOCIAL SECURITY NO.**: X
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mr. Fred Moore, Dixon, Missouri

**MEDICAL CERTIFICATION**

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hours.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b):

DUE TO (c): 4201

II. OTHER SIGNIFICANT CONDITIONS. *Conditions contributing to the death but not related to the disease or condition causing death.* Virus bronchitis — 5 days.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 12, *1956, to* Jan 15, *1956, that I last saw the deceased alive on* Jan 15, *19* 56, *and that death occurred at* 11:30A *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Wesley Gates (Degree or title): D.O.
**23b. ADDRESS**: Dixon, Mo.
**23c. DATE SIGNED**: 1-16-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 1/18/1956
**24c. NAME OF CEMETERY OR CREMATORY**: Kampsville Cemetery
**24d. LOCATION** (City, town, or county) (State): Kampsville, Illinois

**DATE REC'D BY LOCAL REG.**: 1-17-56
**REGISTRAR'S SIGNATURE**: Pauline Howard 1880
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Fred H. Gilbert, Dixon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by January 15 - 1956, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred D. Gillum

Licensed Embalmer No. 234

P. O. Address Dixon, Misso

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.