

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4041

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 161

1. PLACE OF DEATH
 a. COUNTY Cape Girardeau
 b. CITY OR TOWN Cape Girardeau (If outside corporate limits, write RURAL and give township)
 c. LENGTH OF STAY (In this place) 24 hours
 d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hosp (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 Cape Girardeau
 c. CITY OR TOWN Cape Girardeau (If residence within limits of a city or incorporated town? Yes No
 • STREET ADDRESS (If rural, give location) 306 3rd St 010%

3. NAME OF DECEASED
 (Type or Print)
 a. (First) Leonard b. (Middle) Lee c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year)
Feb 28 1956

5. SEX Male
 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH July 24, 1922

9. AGE (In years last birthday) 33
 IF UNDER 1 YEAR Months Days
 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Trucker

10b. KIND OF BUSINESS OR INDUSTRY
Trucking

11. BIRTHPLACE (City and State or Foreign Country)
Cape Girardeau Mo

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
H. A Moore

13b. MOTHER'S MAIDEN NAME
Elizabeth Clark

14. NAME OF HUSBAND OR WIFE
Dora Worley Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
491-16-0188

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Dora Moore Cape Girardeau 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hematoma and subarachnoid hemorrhage
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Skull fracture
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Scalp Contusions

INTERVAL BETWEEN ONSET AND DEATH
3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
983X

20. AUTOPSY?
 YES NO

21a. ACCIDENT ~~SUICIDE~~ (Specify)
HOMICIDE (alleged)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
near Greenville, Mo

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Greenville Wayne Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
approx 1:30 PM Feb 28 1956

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Allegedly by assailant Unknown

22. I hereby certify that I attended the deceased from Feb 26 1956, to Feb 28 1956, that I last saw the deceased alive on Feb 28, 1956, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
John Crowe MD

23b. ADDRESS
Cape Girardeau Mo

23c. DATE SIGNED
Mar 4 1956

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Mar 2 1956

24c. NAME OF CEMETERY OR CREMATORY
Hobbs Chapel Cem.

24d. LOCATION (City, town, or county) (State)
Cape Girardeau Mo

DATE REC'D BY LOCAL REG.
3-5-56

REGISTRAR'S SIGNATURE
C. C. [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
[Signature] Pondson's Funeral Home Cape Girardeau Mo

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

MAK 10 1960

SEP 27 1960

MS SEP 12 1960

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 William Free

Licensed Embalmer No. 473

P. O. Address Cape Girardeau

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.