

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB. 20 1956

State File No. 5466

BIRTH NO. 7489-56 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina, Mo.</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>LaGrange</u>	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 <u>Gibson Hospital &amp; Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>0569</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dienna</u>	b. (Middle) <u>Gail</u>	c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb. 9, 1956</u>	9. AGE (in years last birthday) Months <u>0</u> Days <u>20</u> Hours <u>52</u> Minutes <u>52</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Edina, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Glen C. Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Donna F. Myers</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>x Glen C. Moore LaGrange, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>  ANTECEDENT CAUSES <u>Racemic section</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO <u>Ruptured ovarian cyst - (operated)</u>		<u>2 weeks</u> <u>3 days</u> <u>10 days</u>
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 <u>7699</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-9, 1956 to 2-10, 1956, that I last saw the deceased alive on 2-10, 1956, and that death occurred at 8:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Reynolds, Mo.</u>	23c. DATE SIGNED <u>2-11-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 11-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barton cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barton Mo.</u>
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DATE REC'D BY LOCAL REG <u>Feb-15-56</u>	REGISTRAR'S SIGNATURE <u>Helle L. Hunolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Edina, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Not Embalmed....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Mrs J. W. Hudson  
Licensed Embalmer No. 29

P. O. Address Edina

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.