

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9885

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 5795 Registrar's No. 26

|   |                              |   |   |
|---|------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Moniteau</b>   |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Moniteau</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br><b>Rural, Pilot Grove</b> |                              | c. LENGTH OF STAY (in this place)<br><b>LIFE</b>  | c. CITY OR TOWN<br><b>Latham R.F.D.</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>3 Miles West Latham</b>                                     |                              | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  |   |
| 3. NAME OF DECEASED<br>(Type or Print)  |                              | 4. DATE OF DEATH (Month) (Day) (Year)   |   |
| a. (First)<br><b>John</b>   | b. (Middle)<br><b>Harold</b> | c. (Last)<br><b>Moore</b>   | <b>March, 19th, 1956</b>                |

|  |                                  |  |   |  |   |                                |
|--|----------------------------------|--|---|--|---|--------------------------------|
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>September, 17, 1898</b>                                    | 9. AGE (In years last birthday) Months Days<br><b>57</b> | IF UNDER 1 YEAR<br>Months Days                | IF UNDER 24 HRS.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farm</b>                         | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Clarksburg, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |                                |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><b>John P. Moore</b>  | 13b. MOTHER'S MAIDEN NAME<br><b>Nora O. Howard</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Dorothy Moore</b>                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>277-07-0095</b>      | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Dorothy Moore (Wife) Latham, Missouri</b> |

|  |   |   |                                  |
|--|---|---|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, assthenia, 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) <b>BRONCHOPNEUMONIA</b>   | DUE TO (b) <b>CHRONIC UREMIA</b>                |   | <b>1 WEEK</b>                    |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  | DUE TO (c) <b>CHRONIC GLOMERULONEPHRITIS</b>    |   | <b>6 MOS.</b>                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  | <b>HYPERTENSION</b>                             |   | <b>6 YRS.</b>                    |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION<br><b>592x</b> | 20. AUTOPSY?<br>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) m. | 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 July, 1950, to March 19, 1956, that I last saw the deceased alive on March 19, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |                                    |
|---|--|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>Jack Gunn M.D.</b> | 23b. ADDRESS<br><b>Versailles, Mo.</b> | 23c. DATE SIGNED<br><b>3.20.56</b> |
|---|--|------------------------------------|

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>March, 21, 1956</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Highland Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Latham, Missouri</b> |
|--|-------------------------------------|--|--|

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG.<br><b>3/22/56</b> | REGISTRAR'S SIGNATURE<br><b>N. L. Papey</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>James E. Richards Tipton, Mo</b> |
|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~XXX~~ by X....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Jessie E. Richards*.....  
Licensed Embalmer No. 2466..

P. O. Address...Tipton, Miss

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.