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FILED APR 16 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10027

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 8080

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pemiscott</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscott</u> | |
| b. CITY OR TOWN <u>Peach Orchard</u> | | c. CITY OR TOWN <u>Peach Orchard</u> | |
| c. LENGTH OF STAY (in this place) <u>2 Mos.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | |
| e. STREET ADDRESS (If rural, give location) <u>0780</u> | | | |

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|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Shirley</u> | b. (Middle) <u>Jean</u> | c. (Last) <u>Moore</u> | (Month) <u>3</u> | (Day) <u>18</u> | (Year) <u>56</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Jan. 27, 1956</u> | | |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 9b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 9. AGE (In years last birthday) <u>0</u> <u>1</u> <u>20</u> IF UNDER 1 YEAR Months Days Hours IF UNDER 24 HRS. Min. | |
| 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 <u>None</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Peach Orchard, Mo.</u> |
| 13a. FATHER'S NAME <u>Jerry Wayne Moore</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Alfond Rhinehart</u> | | 14. NAME OF HUSBAND OR WIFE <u>Single</u> |
| 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 <u>Jerry Wayne Moore</u> ADDRESS <u>Peach Orchard, Mo.</u> |

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|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No medical attention</u> | | ANTECEDENT CAUSES | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, 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>Probably Artery occlusion</u> | | | | |
| | | DUE TO (c) | | | | |
| 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 | | | 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) (Min.) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---|--|
| 23a. SIGNATURE <u>John H. German</u> (Degree or title) <u>Coroner</u> | | 23b. ADDRESS <u>Wayne, Mo.</u> | | 23c. DATE SIGNED <u>3-19-56</u> | |
| 24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-20-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u> | |
| 24d. LOCATION (City, town, or county) <u>Near Clarkton, Mo.</u> | | 24e. LOCATION (City, town, or county) <u>Near Clarkton, Mo.</u> | | 24f. LOCATION (City, town, or county) <u>Near Clarkton, Mo.</u> | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>3-31-56</u> | | REGISTRAR'S SIGNATURE <u>John H. German</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Piggott, Ark.</u> ADDRESS _____ | |
|---|--|---|--|---|--|

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

4-95-56

APR 13 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Lloyd Russell*.....

Licensed Embalmer No. 502

P. O. Address *Jaggatt, G*

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