No. 300
10-46

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12538

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON
c. LENGTH OF STAY (In this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALLAWAY MEMORIAL HOSPITAL
e. STREET ADDRESS (If rural, give location): 446 W. 9th. STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN: FULTON
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

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3. NAME OF DECEASED (Type or Print)
a. (First): COLLINS
b. (Middle): M.
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): APRIL 21 1956

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1889
9. AGE (In years last birthday): 67 — 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): LABORER & FARMER
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (City and State or Foreign Country): BLUFTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: ALFRED MOORE
13b. MOTHER'S MAIDEN NAME: MARY NUNLEY
14. NAME OF HUSBAND OR WIFE: MRS. MARGIE MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR #1
16. SOCIAL SECURITY NO.: 489 09 8290
17. INFORMANT'S SIGNATURE OR NAME: Mrs Margie Moore — **ADDRESS**: Fulton, Missouri

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hen arteriosclerosis
DUE TO (c) Coronary sclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Had asthma for several yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
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* 1944, 19__, *to* April 21, 1956, *that I last saw the deceased alive on* April 20, 1956 *and that death occurred at* 2:35 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Marcus (Degree or title) MD
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: April 23/1956

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 25, 56.
24c. NAME OF CEMETERY OR CREMATORY: SOUTH SIDE CEMATORY
24d. LOCATION (City, town, or county) (State): FULTON, MISSOURI

DATE REC'D BY LOCAL REG.: April 23-1956
REGISTRAR'S SIGNATURE: Maretta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE: Larry T. Bell — **ADDRESS**: Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

26 0

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. J. Harry T. Bell.....

Licensed Embalmer No. 48

P. O. Address Fulton,

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