

FILED MAY 7 1956

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
STANDARD CERTIFICATE OF DEATH

12957

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 409-C

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Douglas				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ava		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist			Length of stay in lb 10 days		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle H Last Moore				4. DATE OF DEATH Month April Day 26 Year 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 30 1870		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman			10b. KIND OF BUSINESS OR INDUSTRY Own business		11. BIRTHPLACE (City and state or country) 66# Pittsburgh Pa		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wm Moore				14. MOTHER'S MAIDEN NAME Martha Jane Dill				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 408 28 3228		17. INFORMANT Mrs Susie Anderson Address Ava Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Gangrene, Rt foot, secondary to (b) above							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION _____		20g. COUNTY STATE			
21. I attended the deceased from _____ to 26 April 56 and last saw ^{her} him alive on 26 April 56 Death occurred at 8:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATORY (Degree or title) Stanley S. Peterson M.D.					22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 28 April 56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4 28 1956	23c. NAME OF CEMETERY OR CREMATORY Ava Mo		23d. LOCATION (City, town, or county) (State) Ava Missouri			
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home				25. DATE RECD. BY LOCAL REG. 4-30-56		26. REGISTRAR'S SIGNATURE Edith Williamson		

Ava Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lytle S. Sliskingher*

Licensed Embalmer No...7

P. O. Address... *Ann...*

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.