

FILED MAY 16 1956

STANDARD CERTIFICATE OF DEATH

15431
State File No.BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>ADOIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ADOIR MO</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>BRASHEAR</u>		d. 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>KIRKSVILLE OSTEOPATHIC</u>				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u> b. (Middle) <u>MARIAH</u> c. (Last) <u>MOORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2 1956</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>FEB. 25 1881</u>		9. AGE (In years last birthday) <u>75</u>	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) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BRASHEAR MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>DAVID BARNHILL</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH DEMPSEY</u>		14. NAME OF HUSBAND OR WIFE <u>FRED MOORE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>L</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EUGENE MOORE BRASHEAR MO</u>				
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) <u>Peripheral Vascular Collapse</u> <u>1 hr.</u> INTERVAL BETWEEN ONSET AND DEATH <u>96 hr</u> ANTECEDENT CAUSES DUE TO (b) <u>obstruction of ileum</u> <u>96 hr</u> DUE TO (c) <u>mesenteric thrombosis</u> <u>?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>arteriosclerosis</u> <u>years</u> <u>dehydration, Vit. defic.</u>						
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5702</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>_____</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>_____</u>			
22. I hereby certify that I attended the deceased from <u>May 2</u> , 19 <u>56</u> , to <u>May 2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 2</u> , 19 <u>56</u> , and that death occurred at <u>10:20 P.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>John R Ruffel D.O. I</u>				23b. ADDRESS <u>600 W. Jefferson</u>		23c. DATE SIGNED <u>Keokuk Mo. May 7 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/5 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BRASHEAR</u>		24d. LOCATION (City, town, or county) (State) <u>BRASHEAR MO</u>			
DATE REC'D BY LOCAL REG. <u>5-11-56</u>		REGISTRAR'S SIGNATURE <u>Hate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. B. Easley Jr. Hurdland Mo</u>			

(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, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Geor. B. Casley Jr.*

Licensed Embalmer No. *375*

P. O. Address *Sheldon*

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.