

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15982**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived - If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>	c. LENGTH OF STAY (In this place) <u>1 DAY</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GASCONADE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>02901</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BARBARA</u>	b. (Middle)	c. (Last) <u>MOORE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28 1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 27-1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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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>Household</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SWITZERLAND</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John ALLEMAN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>John Moore</u>
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothea FEAGAN</u> ADDRESS <u>GASCONADE Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4200</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-10, 1954, to 3-28, 1956, that I last saw the deceased alive on 3-28, 1956, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Cavel T. Shaw, MD</u>	23b. ADDRESS <u>Hermann Mo</u>	23c. DATE SIGNED <u>5-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-31-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GASCONADE Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>GASCONADE Mo</u>
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DATE REC'D BY LOCAL REG. <u>5/31/56</u>	REGISTRAR'S SIGNATURE <u>F. S. Wickmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HERMANN Mo</u> ADDRESS <u>HERMANN Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*August B. Bremer*

Licensed Embalmer No. 3160

P. O. Address Herrmann Mo

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 this body is not embalmed, fact should be so stated above.