

FILED JUL 11 1956

STANDARD CERTIFICATE OF DEATH

State File No. 19274

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4057 Registrar's No. 375

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN QuLin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN QuLin	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) City	
d. FULL NAME OF HOSPITAL OR INSTITUTION City			

3. NAME OF DECEASED (Type or Print) a. (First) SHARON b. (Middle) KAY c. (Last) MOORE			4. DATE OF DEATH (Month) (Day) (Year) July 1, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	
8. DATE OF BIRTH March 22, 1953		9. AGE (In years last birthday) 3		10. IF UNDER 1 YEAR Days 3 IF UNDER 11 HRS. Hours 9 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poplar Bluff, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Floyd E. Moore		13b. MOTHER'S MAIDEN NAME Ruth Cox		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ethel Dalby, QuLin, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatism by fire ANTECEDENT CAUSES Home completely destroyed by fire 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 cause unknown Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9160		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) QuLin 012 Butler mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 1, 1956 4:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fire of Home	

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 **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Sharon Kay Moore		23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED 7/7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 3, 1956		24c. NAME OF CEMETERY OR CREMATORY Mounds Park Cemetery	
		24d. LOCATION (City, town, or county) (State) New Madrid, Missouri			

DATE REC'D BY LOCAL REG. 7/7/56		REGISTRAR'S SIGNATURE RK Muncher		25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, MO	
				ADDRESS	

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

4889

RECEIVED
JUL 9 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

JUL 12 1956

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 *Not Embalmed*

Licensed Embalmer No. _____

P. O. Address _____

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.