No. 300
10.48

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

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19862

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hale
c. LENGTH OF STAY (In this place): 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN: Hale
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 01 70

3. NAME OF DECEASED (Type or Print): a. (First) Lucy b. (Middle) Francis c. (Last) Moore
4. DATE OF DEATH (Month) (Day) (Year): June 16 1956
5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 2-1870
9. AGE (In years last birthday): 85 IF UNDER 1 YEAR: Months 10 Days 14 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Evansville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Joseph Harris
13b. MOTHER'S MAIDEN NAME: Jane Thorp
14. NAME OF HUSBAND OR WIFE: John Thos. Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Sayron Moore Hale Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

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: 331X
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* 6-9, 1956 *to* 6-16, 1956 *that I last saw the deceased alive on* 6-16, 1956 *and that death occurred at* 7:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr Alvin A. Ulrich M.D.
23b. ADDRESS: Hale, Mo
23c. DATE SIGNED: 6-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/19/56
24c. NAME OF CEMETERY OR CREMATORY: Hale
24d. LOCATION (City, town, or county) (State): Hale Mo

DATE REC'D BY LOCAL REG.: June 19, 1956
REGISTRAR'S SIGNATURE: Mrs Ray Henderson
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Clifford W Justus Tina Mo

(Licensed Embalmer's Statement on Reverse Side)

19 5

MAY 14 1957

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 Morris D. Bailey

Licensed Embalmer No. 48

P. O. Address Waverly

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.