

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20210

State File No.

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 538

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Osceola</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>St. Johns Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0930</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rufus</u> b. (Middle) <u>B.</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov; 9, 1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Benjamin F. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Bedell</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Moore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B. F. Moore, Roscoe Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH* <u>5 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spontaneous Pneumothorax</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rupture air cyst</u> DUE TO (c) <u>Chronic fibroid tuberculosis</u>		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>002X</u>
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? _____

22. I hereby certify that I attended the deceased from 2-30, 1947, to 6-12, 1956, that I last saw the deceased alive on 6-11, 1956, and that death occurred at 8:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John Williamson M.D.</u>	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>6-14-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roscoe</u>
24d. LOCATION (City, town, or county) (State) <u>Roscoe Missouri</u>		

DATE REC'D BY LOCAL REG. <u>6-15-56</u>	REGISTRAR'S SIGNATURE <u>John Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodrich Funeral Home, Osceola Mo</u>
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(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 *J.B. Goodrich*.....

Licensed Embalmer No. *303*.....

P. O. Address *Quincy*.....

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.