

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33259**
Registrar's No. **521**

FILED NOV 8 - 1956
REG. NO. **12860 12856**

REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN WILLOW SPRINGS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		e. STREET ADDRESS (If rural, give location) 606 NORTH HARRIS	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ARCHA	b. (Middle) LEO	c. (Last) MOORE	OCTOBER 21, 1956		
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-7-97	9. AGE (In years last birthday) 59	IF UNDER 21, Months Days Hours Min.
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and State or Foreign Country) WILLOW SPRINGS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WALTER MOORE	13b. MOTHER'S MAIDEN NAME LUCINDA THOMAS	14. NAME OF HUSBAND OR WIFE MRS. MARIE MOORE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY HEART DISEASE WITH OCCLUSION.		
	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	20. AUTOPSY? YES
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)	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 **Oct. 20, 1956**, to **Oct. 21, 1956**, and that death occurred at **4:25 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE E. D. BASKETT, M.D., Chief, Medical Svc.	23b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	23c. DATE SIGNED 10/22/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-23-56	24c. NAME OF CEMETERY OR CREMATORY City Cem.
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.		

DATE REC'D BY LOCAL REG. 10/26/56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell	ADDRESS Poplar Bluff, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

489-0

RECEIVED
NOV 2 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

APR 18 1958

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 Frank M. Hill

Licensed Embalmer No. 5006

P. O. Address Poplar Bluff

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.