

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33368**

FILED OCT 23 1956

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll.</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton.</u>		c. LENGTH OF STAY (In this place) <u>53 Years</u>		c. CITY OR TOWN <u>Norborne.</u>		d. Is 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>Staton Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>108. east 3rd street.</u> <u>0170</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>			b. (Middle) _____			c. (Last) <u>Moore.</u>	
4. DATE OF DEATH <u>October 16, 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>April 30/1877.</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Edgar County, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John B. Moore.</u>		13b. MOTHER'S MAIDEN NAME <u>Menerva Bullock.</u>		14. NAME OF HUSBAND OR WIFE <u>Bertie Moore.</u>			
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>495-42-9023</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertie Moore, Norborne, Mo.</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, asphemia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sino bronchitis, emphysema,</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ashtomatic reactions.</u> DUE TO (c) <u>No one definite cause</u>					
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)		21d. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Sept 24, 1956</u> to <u>Oct 16, 1956</u> that I last saw the deceased alive on <u>Oct 16, 1956</u> and that death occurred at <u>5:24 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (In case or title) <u>R. A. ...</u>				23b. ADDRESS <u>Staton Hill, Carrollton, Mo.</u>		23c. DATE SIGNED <u>Oct 16, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/19/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>10/20/56</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calver</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John H. Deitch, Jr. Norborne</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 24 1958

DEC 2 1958

DEC 2 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 me....., Student Embalmer No. ~~712~~..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John G. Deitch.....

Licensed Embalmer No. 4796.....

P. O. Address Norborn.....

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.