

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38481**  
Registrar's No. **249**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b> c. LENGTH OF STAY (in this place) <b>Marion</b>		c. CITY OR TOWN <b>Carthage</b> 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 <b>McCune Brooks Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>2109 Hazel</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Fannie</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Moore</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 22 1956</b>
-------------------------------------	--------------------------	-----------------------	------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 27, 1881</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Mins.
----------------------	-------------------------------	---	---------------------------------------	---	------------------------	----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Russell Co., Kans.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	-----------------------------------	--	--

13a. FATHER'S NAME <b>Robert Frost Lawson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Garten</b>	14. NAME OF HUSBAND OR WIFE <b>William P. Moore</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. George Bell, Carthage, Mo.</b> ADDRESS <b>2109 Hazel</b>
--	-------------------------	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks -</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic nephritis</b>		<b>10 years -</b>
	DUE TO (c) <b>Cerebrovascular accident</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic congestive heart failure</b>		<b>1 year ago</b> <b>10 days -</b>
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) <b>592x</b>
--	--	---

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 1957, to present, 19  , that I last saw the deceased alive on 11/21 1956, and that death occurred at 5:35 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>G. J. Sobell</b>	(Degree or title) <b>M. D.</b>	23b. ADDRESS <b>Carthage, Mo.</b>	23c. DATE SIGNED <b>11-22-56</b>
------------------------------------	--------------------------------	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov. 22-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>not known</b>	24d. LOCATION (City, town, or county) (State) <b>Belton, Mo.</b>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>11-22-56</b>	REGISTRAR'S SIGNATURE <b>Elly Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ulmer Funeral Home, Carthage, Mo.</b>
--	---	---

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

Date Filed NOV 2 1933  
County File Number 29733

**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 *Edwin C. Shriver*.....

Licensed Embalmer No. 1493

P. O. Address Cartersville

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.