

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1956

State File No. **44464**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **198**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Sikeston	c. LENGTH OF STAY (in this place) 42 Years	c. CITY OR TOWN Sikeston	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 Mo. Delta Community Hospital		e. STREET ADDRESS (If rural, give location) 407 Harris St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Bess	b. (Middle) —	c. (Last) Moore	4. DATE OF DEATH (Month) (Day) (Year) 12 10 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-30-1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR (Month) (Day) (Year) 11 10	IF UNDER 1 HR. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY — — — —	11. BIRTHPLACE (City and State or Foreign Country) Crittenden Co., Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Clayborne Stephenson	13b. MOTHER'S MAIDEN NAME Bella Clark	14. NAME OF HUSBAND OR WIFE George Moore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lola Westerfield, Sikeston, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease		5 years?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ren arteriosclerosis 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1952**, to **Dec 10**, 1956, that I last saw the deceased alive on **12/10**, 1956, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. C. Crittendon M.D.	(Degree or title) M.D.	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED Dec. 14, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-12-56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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DATE REC'D BY LOCAL REG. 12-17-56	REGISTRAR'S SIGNATURE Miss Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Edward G. Nunnelee	ADDRESS Nunnelee Funeral Chapel Sikeston, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
v. 10.48

429

DATE RECEIVED DEC 24 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1256-268

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 Edward E. Munnick

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo.

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.