

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2146**

FILED JAN 21 1957

BIRTH NO. _____ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **3048** Registrar's No. **40**

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| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Taylor | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville | | c. CITY OR TOWN Gravity | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 6 days | | e. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Veda b. (Middle) _____ c. (Last) Moore | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept 7 1887 |
| 9. AGE (In years last birthday) 69 | | IF UNDER 1 YEAR Months 4 Days 1 | IF UNDER 24 HRS. Hours 1 Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY ownhome | 11. BIRTHPLACE (City and State or Foreign Country) Iowa |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |

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|--|--|-------------------------------------|--|---|--|
| 13a. FATHER'S NAME James Rhoades | | 13b. MOTHER'S MAIDEN NAME _____ | | 14. NAME OF HUSBAND OR WIFE Green Moore (Deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glade Moore Bedford Iowa | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 7 days | |
| ANTECEDENT CAUSES | | DUE TO (b) _____ | | DUE TO (c) _____ | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 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) 331x | |
| 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 Jan 1957**, to **8 Jan 1957**, that I last saw the deceased alive on **7 Jan 1957**, and that death occurred at **8 A.M.**, from the causes and on the date stated above.

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|---|--|----------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) Stanley M.D. | | 23b. ADDRESS Bedford, Ia. | | 23c. DATE SIGNED 8 Jan 57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-10-1957 | | 24c. NAME OF CEMETERY OR CREMATORY Washington cemetery | |
| | | | | 24d. LOCATION (City, town, or county). (State) Gravity Iowa | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 1-15-57 | | REGISTRAR'S SIGNATURE Bess Bolt | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floyd Edrum Bedford Iowa | |
|---|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

NOV 9 1957

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 myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Floyd Edhurn.....

IOWA Licensed Embalmer No. 2381.

P. O. Address Bedford Iowa

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.