THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5329

STATE FILE NUMBER

FILED FEB 18 1957

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Johnson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Unknown Holt
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Bigelow 0440 0 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Whiteman AF Base Hospital — Length of stay in 1b Approx 9 hrs	d. STREET ADDRESS - (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Lloyd	Middle: Emory	Last: Moore, Jr	4. DATE OF DEATH Month: February Day: 13 Year: 1957
5. SEX: Male	6. COLOR OR RACE: White 0	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐	8. DATE OF BIRTH: 18 Dec 1920	9. AGE (In years last birthday): 36 — 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): Military	10b. KIND OF BUSINESS OR INDUSTRY: USAF	11. BIRTHPLACE (City and state or country): Fortescue, Missouri 0	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: Lloyd Emory Moore, Sr		14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 15 Yrs	16. SOCIAL SECURITY NO.: 491-30-8944	17. INFORMANT: Military Records	Address: Whiteman AF Base, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema, bilateral — INTERVAL BETWEEN ONSET AND DEATH: Approx 9hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Marked cerebral contusion; subdural hemorrhage; hemorrhage into pons and anterior medulla — " "

DUE TO (c) Trauma

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ X	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile accident
20c. TIME OF INJURY Hour: 12:15AM Month, Day, Year: Feb 13 57	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ X	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Hwy 50, 2 miles W of *
20f. CITY, TOWN, OR LOCATION: * Dresden — COUNTY: Pettis 044 — STATE: Missouri	

21. I attended the deceased from 1:00AM 13Feb57, to 10:00AM 13Feb57 and last saw ~~her~~ him alive on 13 Feb 57

Death occurred at 10:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John S. Forrest — (Degree or title): JOHN S FORREST MD 0	22b. ADDRESS: Whiteman AF Base, Missouri	22c. DATE SIGNED: 13 Feb 57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 2-15-57	23c. NAME OF CEMETERY OR CREMATORY: Bigelow, Cemetery
23d. LOCATION (City, town, or county) (State): Bigelow, Mo.		
24. FUNERAL DIRECTOR: R A Brannidger — ADDRESS: Warrensburg Mo.	25. DATE RECD. BY LOCAL REG.: 2-14-57	26. REGISTRAR'S SIGNATURE: Erma L. Beatty

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAR 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by me ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed R J Braunsdyer

Licensed Embalmer No. 33

P. O. Address Warrensb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.