

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8322**

FILED MAR 25 1957

BIRTH NO. _____		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 250
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Webster		
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 2 HRS	c. CITY OR TOWN Niangua	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION OSZARK OSTEOPATHIC HOSPITAL		e. STREET ADDRESS (If rural, give location) Star Rte. 1120		
3. NAME OF DECEASED (Type or Print) a. (First) Jaylor		b. (Middle) _____	c. (Last) Moore Jr.	4. DATE OF DEATH (Month) (Day) (Year) 3 / 15 / 57
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10/28/1886	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY VARIED	11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jaylor Moore Sr.		13b. MOTHER'S MAIDEN NAME MELVINA NULL	14. NAME OF HUSBAND OR WIFE Jessie Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. 521-16-4551	17. INFORMANT'S SIGNATURE OR NAME Jaylor Moore ADDRESS Love Spring, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 18 hours
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 2 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) 4201		
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 (3-18) 9:45 P, 1957 , to 11:19 P (3-18), 1957 , that I last saw the deceased alive on 11:14 P, 1957 , and that death occurred at 11:15 P , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Ancheor Mathernick, D.O.		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 3-18-57
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-18-1957	24c. NAME OF CEMETERY OR CREMATORY DORRIS	24d. LOCATION (City, town, or county) (State) WRIGHT CO MO	
DATE REC'D BY LOCAL REG. 3-19-57	REGISTRAR'S SIGNATURE Garth Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER EDWARDS MARSHFIELD MO		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1957

OSAKI DISTRICT HEALTH DEPARTMENT

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.....
George Stapp

Licensed Embalmer No. 316

P. O. Address *Mtn. Dr.*

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.