Health, & Welfare
S. Public
h Service

S. 300
v. 1-56 0

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Simpson 9312
STATE FILE NUMBER

FILED APR 15 1957

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Doctors Hospital — Length of stay in 1b 4 Wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Linn
c. CITY OR TOWN Brookfield 0582 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 206 E. Brook — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: JESSIE - BELLE MOORE
4. DATE OF DEATH Month Day Year: April - 7 - 1957
5. SEX F 1
6. COLOR OR RACE Cr
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Dec-6-1898
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months 58 Days 4 — IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Newtown Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Chas McClanahan
14. MOTHER'S MAIDEN NAME Cora C. Judd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 491-28-2033
17. INFORMANT Address Dwight Moore Brookfield Mo

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) Adenocarcinoma of right lung — INTERVAL BETWEEN ONSET AND DEATH 9 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastastic to lymph nodes 5 mos
DUE TO (c) 162X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): per Nass Cigarettes Heavy smoker
19. WAS AUTOPSY PERFORMED? YES X NO ☐ 1
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 1956 to April 7-1957 and last saw her/him alive on 7-1-57
Death occurred at 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. B. Simpson DO
22b. ADDRESS Brookfield Mo
22c. DATE SIGNED 4-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr-9-57
23c. NAME OF CEMETERY OR CREMATORY Cinnagan
23d. LOCATION (City, town, or county) (State) Sullivan Co Mo

24. FUNERAL DIRECTOR ADDRESS J. C. Blacklock Brookfield Mo
25. DATE RECD. BY LOCAL REG. 4-9-57
26. REGISTRAR'S SIGNATURE Katharine Johnson Dep.

(Licensed Embalmer's Statement on Reverse Side)

167 0

JAN 2 0 1960

## STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. B. Blacklock

Licensed Embalmer No. 224

P. O. Address Brookfiel

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