

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9413**

FILED APR 8 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5763 Registrar's No. 7

**1. PLACE OF DEATH**

a. COUNTY Marion

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Philadelphia

c. LENGTH OF STAY (in this place) 3 yr.

d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)

a. STATE Missouri b. COUNTY Marion

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Philadelphia 0640

d. STREET ADDRESS (If rural, give location) 0

**3. NAME OF DECEASED**

a. (First) George b. (Middle) Samuels c. (Last) Moore

(Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
Mar. 19, 1957

**5. SEX**  
M

**6. COLOR OR RACE**  
Wh.

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
married

**8. DATE OF BIRTH**  
Feb. 15, 1882

**9. AGE** (In years last birthday) 75 IF UNDER 1 YEAR: Days 1 Hours 4 IF UNDER 24 HRS. Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**  
\_\_\_\_\_

**11. BIRTHPLACE** (State or foreign country)  
Missouri

**12. CITIZEN OF WHAT COUNTRY?**  
U.S.A.

**13a. FATHER'S NAME**  
Reuben Moore

**13b. MOTHER'S MAIDEN NAME**  
Mildred Atkinson

**14. NAME OF HUSBAND OR WIFE**  
Ina Bohon Moore

**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.**  
493-28-5478

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**  
Ina Moore Philadelphia 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, ashenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Terminal bronchial pneumonia

**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Chr. myocarditis, arteriosclerotic in type

DUE TO (c) \_\_\_\_\_

**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.  
\_\_\_\_\_

**INTERVAL BETWEEN ONSET AND DEATH**  
2 days

2 yrs.

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**  
4221

**20. AUTOPSY?**  YES  NO

**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)**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour)

**21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK

**21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from 3/16/57, 1957, to 1/8/57, 1957, that I last saw the deceased alive on 3/18, 1957, and that death occurred at 3:15 am., from the causes and on the date stated above.**

**23a. SIGNATURE** (Deputy or title)  
Dr. J. Murphy M.D. Hannibal, Mo.

**23b. ADDRESS**

**23c. DATE SIGNED**  
3/20/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify)  
Burial

**24b. DATE**  
Mar. 21, 1957

**24c. NAME OF CEMETERY OR CREMATORY**  
Now Providence Cem.

**24d. LOCATION** (City, town, or county) (State)  
Ewing, Mo.

**DATE REC'D BY LOCAL REG.**  
3-21-57

**REGISTRAR'S SIGNATURE**  
Dr. G. M. Lusk

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**  
Fegster - Gayer Philadelphia, Mo.

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

189-6

RECEIVED APR 4 1957  
MARION CO. HEALTH DEPT.  
DATE FILED APR 4 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Harold S. Turner*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City

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 this body is not embalmed, fact should be so stated above.