

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19985

STATE FILE NUMBER

FILED JUL 9 1957

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Tenn</u> b. COUNTY <u>Bradley</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cleveland</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Vincent Hosp</u>			Length of stay in lb <u>12 hrs</u>		8410 STREET ADDRESS <u>Rt 2</u> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>MAC</u> Last <u>MOORE</u>				4. DATE OF DEATH Month <u>June</u> Day <u>29</u> Year <u>1957</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov-27-1943</u>		9. AGE (In years last birthday) <u>13</u> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Bradley Co Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>James Milbern Moore</u>				14. MOTHER'S M maiden name <u>Anna Pauline McAlister</u>			
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.		17. INFORMANT Address <u>Anna Pauline Moore Cleveland Tenn</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intra Cranial Injury - with cerebral Edema (severe).</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs</u>
20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Car accident.</u>				
20c. TIME OF INJURY Hour <u>8:30</u> Month <u>6</u> Day <u>29</u> Year <u>57</u> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, yard, factory, street, office bldg., etc.) <u>Intersection US 166 + Hwy "H"</u>		20f. CITY, TOWN, OR LOCATION <u>555 Mt. Vernon, Lawrence Mo.</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>8:45 am 6/29</u> to <u>9:30 pm 6/29/57</u> and last saw <u>him</u> alive on <u>9 pm 6/29/57</u> Death occurred at <u>9:30 P m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Type or print) <u>Kenneth Glover MD</u>				22a. ADDRESS <u>Mt. Vernon, Mo</u>		22b. DATE SIGNED <u>6/30/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>July-1-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cleveland Tenn</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Mat L Frett</u>			ADDRESS <u>Mt Vernon Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-30-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. P.N. Cook</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 757-110

DATE REC. 7-1-57

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 Student Embalmer No.

working under my personal supervision..

Student

Signature of Student Embalmer

Signed

Max L. Fossett

Licensed Embalmer No. 42

P. O. Address *Max L. Fossett*

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.