

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 02 27 55
State File No.

FILED JUL 11 1957

6009
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY DEACONESS-HOSP.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY OR TOWN De Soto	
c. LENGTH OF STAY (in this place) 13 DAYS		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 DEACONESS Hosp.			e. STREET ADDRESS (If rural, give location) 29 RT. # 3		
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3. NAME OF DECEASED (Type or Print) a. (First) JASON b. (Middle) EUGENE c. (Last) MOORE			4. DATE OF DEATH (Month) (Day) (Year) JUNE 27 1957		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 4 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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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 (City and State or Foreign Country) D VALLE MINES, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME AUGUST H. MOORE		13b. MOTHER'S MAIDEN NAME ADELIA FRAZIER		14. NAME OF HUSBAND OR WIFE MARGARET MOORE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARGARET MOORE De Soto, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas				INTERVAL BETWEEN ONSET AND DEATH 6 Mo.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____	
		DUE TO (c) _____				DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				_____	

19a. DATE OF OPERATION 6/22/57		19b. MAJOR FINDINGS OF OPERATION as above			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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) 157x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **6/15**, 19**57** to **6/27/57**, 19**57**, that I last saw the deceased alive on **6/24/57**, 19**57**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dean Sauer (Degree or title) M.D. M.D.		23b. ADDRESS 7820 Arundel		23c. DATE SIGNED 6/27/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JUNE 29 1957		24c. NAME OF CEMETERY OR CREMATORY De Soto		24d. LOCATION (City, town, or county) (State) De Soto Mo.	
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DATE REC'D BY LOCAL REG. JUN 28 57		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. B. B. B. De Soto Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Donald B. Dietrich*.....

Licensed Embalmer No. *4104*.....

P. O. Address *Lehigh*.....

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.