

FILED JUL 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23512**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5086** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural - Homer</b>		c. CITY OR TOWN <b>Amoret</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>40 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>1 1/2 mi. E. Amoret, Mo. 2070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 1/2 mi. E. Amoret, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Moore</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-16-57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-30-1882</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James William Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Pryor</b>		14. NAME OF HUSBAND OR WIFE <b>Gertrude Moore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Gertrude Moore, Amoret, Mo.</b> ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 Min</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Bacterial Endocarditis</b>		10 Yrs.	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4300</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <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 **July 21, 1957**, to **July 16, 1957**, that I last saw the deceased alive on **July 1, 1957** and that death occurred at **9:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Schuber, D.O.</b> (Degree or title)		23b. ADDRESS <b>Amoret, Missouri 64857</b>		23c. DATE SIGNED <b>July 18, 57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-20-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Benjamin Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Amoret, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Archer &amp; Mangold, Amsterdam, Mo.</b> ADDRESS			
DATE REC'D BY LOCAL REG. <b>July 20-57</b>		REGISTRAR'S SIGNATURE <b>Randall Krey</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

AUG 12 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 ..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Robert P. Mangold*.....

Licensed Embalmer No.....4972.

P. O. Address.....LaCygne,...

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.