4-0740

FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25098

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 145

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): WEBB CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): JANE CHINN — Length of stay in lb: 8 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN: HAZELWOOD — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Rt 3, BOX 620 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LE ROY Middle Last MOORE

4. DATE OF DEATH: Month AUG Day 4, Year 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: SEPT 2, 1905
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: TRANSPORTATION
11. BIRTHPLACE (City and state or country): NORMAN, OKLA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: S. D. MOORE
13b. MOTHER'S MAIDEN NAME: JULIA MOORE
14. NAME OF HUSBAND OR WIFE: ADA 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.: 509-09-2368
17. INFORMANT: HOWARD ELROD Address: COFFEYVILLE, KS.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Post-operative Renal Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Surgery on Right Kidney
DUE TO (c): Polycystic degeneration — Congenital
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): This patient had congenital absence of Left Kidney

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

MEDICAL CERTIFICATION

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 757.1
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 7-29-1957, to 8-4-1957 and last saw him alive on
Death occurred at 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E O Martin DO
22b. ADDRESS: 709 Joplin St Joplin
22c. DATE SIGNED: 8-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUG 6, 1957
23c. NAME OF CEMETERY OR CREMATORY: OZARK MEM PARK
23d. LOCATION (City, town, or county): JOPLIN (State): MO

24. FUNERAL DIRECTOR: Hurlbut Glover ADDRESS: Joplin
25. DATE RECD. BY LOCAL REG.: 8-6-57
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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Date Filed 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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin,

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.