FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25230
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Goodloe Home — Length of stay in 1b: 7 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Napoleon — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS none (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Martha Middle Last Moore

4. DATE OF DEATH Month July Day 16 Year 1957

5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Feb. 9, 1875
9. AGE (In years last birthday) 82 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lippedetmold, Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frederick Fritzemeier
14. MOTHER'S MAIDEN NAME Frederika Brinkman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) XX (If yes, give war or dates of service) XXX
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Herbert Leveke, Address Sibley, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiovascular Renal Syndrome — 2 years
DUE TO (c) Arteriosclerosis — 8 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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 June 27, 1957 to July 16, 1957 and last saw her alive on July 10, 57
Death occurred at 10.00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) D.O.
22b. ADDRESS Wellington, Mo.
22c. DATE SIGNED July 17, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 18, 1957
23c. NAME OF CEMETERY OR CREMATORY Napoleon Methodist Cemetery
23d. LOCATION (City, town, or county) (State) Napoleon, Mo.

24. FUNERAL DIRECTOR Hazel H. Reppert ADDRESS Buckner, Mo.
25. DATE RECD. BY LOCAL REG. 7/20/57
26. REGISTRAR'S SIGNATURE Minerva E Estabrooks

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Ralph O Jones

Licensed Embalmer No. 46

P. O. Address Odessa

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.