

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30822
STATE FILE NUMBER
Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 370

FILED OCT 14 1957

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-57 0

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Moberly	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Medical Center		d. STREET ADDRESS (If outside, give location) 407 Emerson	

3. NAME OF DECEASED (Type or print) Allene Moore			4. DATE OF DEATH Month Oct Day 3 Year 57		
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 24 1912	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Salisbury, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Garfield Hayes	13b. MOTHER'S MAIDEN NAME Anna Hayes	14. NAME OF HUSBAND OR WIFE William Moore
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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. (yes)	17. INFORMANT William Moore, Dalton, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Possible acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive cardiovascular disease	6 months.
	DUE TO (c) Chronic glomerulonephritis (?)	4 years?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 10/2/57 to 10/3/57 and last saw her alive on 10/3/57 Death occurred at 10:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated:
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22a. SIGNATURE Frank A. Mohr, M.D.	22b. ADDRESS U. of Mo. Med. Center, Columbia, Mo.	22c. DATE SIGNED 10/3/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/4/57	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Salisbury, Missouri
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24. FUNERAL DIRECTOR George W. Marshall, Inc.	25. DATE RECD. BY LOCAL REG. Oct 5 1957	26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 17 1951

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 Georgette Green _____

Licensed Embalmer No. 4270
P. O. Address Marshall

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.