

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

312322

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 303

1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY 2		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY 3068		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION MO STATE PRISON			Length of stay in 1b 19 mos.		d. STREET ADDRESS (If outside, give location) 309 Barat Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First THOMAS Middle ERVIN Last MOORE				4. DATE OF DEATH Month September Day 13 Year 1957				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 7, 1915		9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
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 country) Holt, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Forrest Moore				14. MOTHER'S MAIDEN NAME Anna Alice Gourn CORUM				
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. Not Known		17. INFORMANT Prison Records			Address _____
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lethal Execution							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cyanide Gas						
		DUE TO (c) Inhalation of fumes.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____								
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from Dead on viewing , to _____ and last saw ^{her} _{him} alive on _____ Death occurred at 106 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Donald Shall M.D.</i> (Degree or title)				22b. ADDRESS JEFFERSON CITY, MISSOURI			22c. DATE SIGNED 9-13-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-13-57	23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		23d. LOCATION (City, town, or county) (State) Rural, Holt, Missouri			
24. FUNERAL DIRECTOR Jarman-Prichard, Lawson, Missouri				25. DATE RECD. BY LOCAL REG. 19 September 1957		26. REGISTRAR'S SIGNATURE <i>R.P. Dorris, MD-MR.</i>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Lindell J. ...*

Licensed Embalmer No. 4-9

P. O. Address *Excelsior Springs,*

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.