BIRTH MO. BEEC. DIST. NO. PRIMARY REG. DIST. NO. PR			HEALTH OF MISSOURI		4004C
1. PLACE OF DEATH 2. COUNTY DOKAID b. CITY (if counties corporate limits, write RURAL and stree	C 16 1957	STANDARD CERT			43916
a. COUNTY DERE_1D b. CITY (If equited sorrownste limite, write RURAL and dive control of the county) d. FULL NAME OF (If sot is benefited or insatisation, give street address or location) NOTITION (MOMO) M1 E, of town d. FULL NAME OF (If sot is benefited or insatisation, give street address or location) NOTITION (MOMO) M1 E, of town 3. PAREE OF a. (Pirst) C. CLASS) C. CLASS) J. ADATE (Month) J		REG. DIST. NO. <u> </u>			
D. CITY of excited exceptance limits, write RURAL and stree GLENGTH OF ORN Amilty GROWN Amilty GRO	of DEATH DeKalb		2. USUAL RESIDENCE (b. COUNTYDe	Kalb admission
HOSPITAL OR HOME 3 MI E, of town INSTITUTION HOME 3 MI E, of town INSTITUTION HOME 3 MI E, of town INSTITUTION (Cleek Hind of work) DECEASED G'AYLAND TOWN THE WILL OF THE STATE MALE White IOB. USUAL OCCUPATION (Cleek Hind of work) Farmer Sa. Father's NAME Waldo Moore Sa. Father's NAME Waldo Moore Sa. Father's NAME Waldo Moore IS WAS DECEASED EVER IN U.S. ARMED FORCES? Town and or warkness will (if year, sive are or date of service) Sa. CALVER CO. (City and State or Fersiga Casatry,) Waldo Moore IS WAS DECEASED EVER IN U.S. ARMED FORCES? Town and or warkness will (if year, sive are or date of service) B. CAUSE OF DEATH Reter only one onusper Ince for (a), (b), and (c) "This does not mean the discount of dyring, such about the warklying cause last. In MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if ony, sicing DUE TO (b) MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if ony, sicing DUE TO (b) MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions ontributing to the death but not related to the above course (a) stating the warklying cause last. DUE TO (c) IN OTHER SIGNIFICANT CONDITIONS DUE TO (c) WORK AT WO	outside corporate limits, write	RURAL and give township)	F c. CITY	d, la Re a cit Yes	sidence within limits of y or incorporated hun?
5. SEX	ME OF (If not in bospital of I of I) ME OF (If not in bospital of I) TION HOME 3 I	r institution, give street address or location in E, of town	ADDRESS 3 M1 E	, give location) AST	0820
100. USUAL OCCUPATION (Civekind of work domeduring most of working life, even if retired) 100. KIND OF BUSINESS OR INDUSTRY 110. BIRTHPLACE 120. TITL COUNTY 120. CITL C			` ` '	1 01 -	26 57
10b. LIDAL OCCUPATION (Cive kind of work oboarduring most of working life, even if ratived) Farmer 3a. Father's NAME Waldo Moore 13b. Mother's Maiden NAME 13c. Mother's Maiden NAME 14. NAME OF HUSBAND OR WIFE NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Gordon Moore Maysy111e Mo 18. CAUSE OF DEATH Refer only one cause or mean the mode of dying, such the mode of dying, such the mode of dying, such the to the above cause (a) stating the underlying cause last. 16. OTHER SIGNIFICANT CONDITION DIRECTLY LEADING TO DEATH* (a) 17. INFORMANT'S SIGNATURE OR NAME Gordon Moore Maysy111e Mo NO. 18. CAUSE OF DEATH Refer only one cause of a stating the underlying cause last. 17. INFORMANT'S SIGNATURE OR NAME Gordon Moore Maysy111e Mo NO. 18. CAUSE OF DEATH Refer only one cause (a) stating the underlying cause last. 18. Mother conditions, if any, gisting the underlying cause last. 19. MAJOR FINDINGS OF OPERATION TION 19. MAJOR FINDINGS OF OPERATION TION 19. MAJOR FINDINGS OF OPERATION TION 20. AU YES 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 22. In hereby certify that I altended the deceased from Sale (a) alive on Interest of the box cause (a) stating work AT WORK 22. In hereby certify that I altended the deceased from Sale (a) 22. AU 22. AU 22. NAME OF CEMETERY OR CREMATOR 23b. ADDRESS 22c. NAME OF CEMETERY OR CREMATOR 24d. LOCATION (City, town, or country)	6. COLOR OR RAC	7. MARRIED, NEVER MARRIED, NEVER D, DIVORCED (8pecif)	0) 8. DATE OF BIRTH		
13b. MOTHER'S MAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR VIFE NO.	st of working life, even if retires	a)	11. BIRTHPLACE (City and Sta	te or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ac, or unknown) (If yes, give war or dates of service) (10. SOCIAL SECURITY NO. GORDAN OF MAYSVILLE OR NAME (Yes, give war or dates of service) (10. SOCIAL SECURITY NO. GORDAN OF MAYSVILLE MO (II) (II) (III) (IIII) (III)	S NAME	· • · · · · · · · · · · · · · · ·	_	ME OF HUSBAND OR WIT	
IS. CAUSE OF DEATH Reter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthemia, atc. It means the dis- case, injury, or complica- tion which caused death. TION 19a. DATE OF OPERAT TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) 10a 11b 11c 12c 12d 12d 12d 12d 12d 12d					
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, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20a. ACCIDENT SUICIDE HOMICIDE 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) MEDICAL CERTIFICATION INTER* ONSET WHAT ONSET ONSET ONSET ONSET ONSET INTER* ONSET ONSET ONSET INTER* ONSET INTER* ONSET ONSET INTER* ONSE		D FORCES? 16. SOCIAL SECURIT	D. I	-	ADDRESS
In DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complication which caused death. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21b. MAJOR FINDINGS OF OPERATION 22c. In Element (Bpecify) DUE TO (b) AT HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) COUNTY) COUNTY) COUNTY) 22c. I hereby certify that I altended the deceased from Seal Condition and the death occurred at Pam., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title)O 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATOR 24d. LOCATION (City, town, or county)				<u>Maysyille</u>	MO INTERVAL BETWEE
Aborbid conditions, if any, giving DUE TO (b) Aborbid conditions, if any, giving DUE TO (b) Aborbid conditions, if any, giving as heart fallure, asthenia, ite. It means the discase, injury, or complication which caused death. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Month) (Day) (Year) (Hour) (Poer) (Hour) (Poer) (Hour) (Poer) (Hour) (Poer) (Hour) (Poer) (Poe	ausoper and (e)	CONDITION ADING TO DEATH*(a)	vended de	ranf	ONSET AND DEATH
DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the detail but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from State (a 1954, to 11-24-4, 1957, that I last saw the alive on 11-19-1, 1957, and that death occurred at 2 P m., from the causes and on the date stated above. 22a. SIGNATURE (Degree or title) 23b. ADDRESS 22a. BURIAL, CREMA- TION REMOVAL (Breedly) 22d. LOCATION (City, town, or county)	ng. such Morbid conditions thenia, rise to the above	ons if any gioing DUE TO (b)	earl Dis lest	seles .	13/
19a. DATE OF OPERA- TION 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 21d. ACCIDENT SUICIDE SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 21d. Intereby certify that I attended the deceased from alive on 11-19- 19b. ACCIDENT (Month) OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME WORK AT WORK 21f. HOW DID INJURY OCCUR? WHILE AT WORK 22f. I hereby certify that I attended the deceased from alive on 11-19- 1, and that death occurred at 2 Pa. m., from the causes and on the date stated above. 22a. BURIAL, CREMA- TION REMOVAL (Breedly) 22b. NAME OF CEMETERY OR CREMATOR 22d. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (City, town, or county)	tue ara.				_
TION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bldg., etc.) 21d. TIME OF INJURY 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bldg., etc.) 21d. TIME OF INJURY 21d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 22i. I hereby certify that I attended the deceased from alive on 11-19-1, 1957, and that death occurred at 2 P. m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 24c. NAME OF CEMETERY OR CREMATOR 24d. LOCATION (City, town, or county) 12d. NAME OF CEMETERY OR CREMATOR 24d. LOCATION (City, town, or county)	d death. 11. OTHER SIGI				
SUICIDE home, farm, factory, etreet, office bidg., etc.] 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from AT WORK 22. I hereby certify that I attended the deceased from AT WORK 23b. ADDRESS 22c. D. 22c. NAME OF CEMETERY OR CREMATON 24d. LOCATION (City, town, or county)	DPERA 19b. MAJOR F	NDINGS OF OPERATION			
22. I hereby certify that I attended the deceased from Sept 6, 1956, to 11-26, 1957, that I last saw the alive on 11-19-1, 1957, and that death occurred at 2 Pe m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. D. 24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATON 24d. LOCATION (City, town, or county)	(Specify)			P) (COUNTY)	(STATE)
alive on 11-19-, 1969, and that death occurred at 2 Po m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. D. 24a. BURIAL. CREMA- 24b. DATE 124c. NAME OF CEMETERY OR CREMATOR 24d. LOCATION (City, town, or county)	(Month) (Day) (Year)	WHILEAT TO NOT WHILE	211. HOW DID INJURY OCCUR?		
24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATOR 24d. LOCATION (City, town, or county)			 , - <u>-</u> -	, 19 .5.7 , that I la s and on the date stat	st saw the decease ed above.
TION REMOVAL (Breedly)	TURE	uson) m	of St love	4 Mas	23c. DATE SIGNE
Burial 11a20_57 Amily Mo	CREMA- 24b, DATE L (Bpedly)	24s. NAME OF CEMET Amity	Amit	y Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNDRAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS		SIGNATURE	25. FUNDAN DIRECTOR'S	•	

STATEMENT BY LICENSED EMBALMER

Signed

working under my personal supervision..

Signature of Student Embalmer

John

Licensed Embalmer No 3933....

P. O. Address Maysyllle Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.