

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43916**
Registrar's No. **5**

FILED DEC 16 1957

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5378</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) Amity		c. CITY OR TOWN Amity		d. IS RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		e. STREET ADDRESS 3 MI EAST (If rural, give location) 0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 3 Mi E, of town				f. LENGTH OF STAY (in this place) life			
3. NAME OF DECEASED (Type or Print) a. (First) Gayland		b. (Middle) Lowell		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) 11 - 26 57	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH 12-3-1903	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Waldo Moore		13b. MOTHER'S MAIDEN NAME Reppie Hayes		14. NAME OF HUSBAND OR WIFE none			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gordon Moore Maysville Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Dis Art Scler DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Amity Mo		21f. HOW DID INJURY OCCUR? 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from Sept 6, 1956 , to 11-26, 1957 , that I last saw the deceased alive on 11-19, 1957 , and that death occurred at 2 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. L. H. Ferson		23b. ADDRESS Mo St Joseph Mo		23c. DATE SIGNED 12-1-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-29-57		24c. NAME OF CEMETERY OR CREMATORY Amity		24d. LOCATION (City, town, or county) (State) Amity Mo	
DATE REC'D BY LOCAL REG. 12-6-57		REGISTRAR'S SIGNATURE Carroll Davidson		25. FUNERAL DIRECTOR'S SIGNATURE Shirley Brown		ADDRESS Maysville Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No. 3933.....

P. O. Address Maysville Mo.....

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.