

pt. Health,
, & Welfare
S. Public
alth Service

Dr. Maple

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44080
STATE FILE NUMBER

FILED DEC 23 1957 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1182

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hosp.		Length of stay in lb 33 Yrs.	d. STREET ADDRESS (If outside, give location) 1737 W. Scott		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PEARL Middle Last MOORE			4. DATE OF DEATH Month Dec. Day 12 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIAGE STATUS <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH Aug. 17 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during life when if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Salisbury, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Valentine Rutliff		13b. MOTHER'S MAIDEN NAME Emeline Canote		14. NAME OF HUSBAND OR WIFE Thomas Moore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, Unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No	17. INFORMANT Thomas Moore Address Springfield, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Repeated cerebral artery thromboses by both middle cerebral arteries				INTERVAL BETWEEN ONSET AND DEATH 1 year.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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.					
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	
21. I attended the deceased from Death occurred at 9:20 a.m.		to 12 Dec 1957 and last seen alive on 11 Dec 1957		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Francis M Maple MD		22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 12 Dec 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/16/57		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cem.	
24. FUNERAL DIRECTOR H.H. Lohmeyer		ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 12/13/57	
26. REGISTRAR'S SIGNATURE Wm. Williamson					

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *R. L. McCann*

Licensed Embalmer No. *2727*

P. O. Address *Springfield*

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.