

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

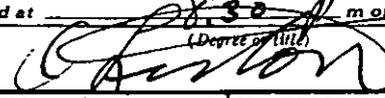
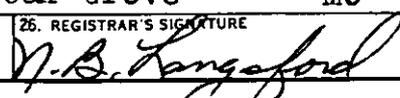
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44728

STATE FILE NUMBER

FILED DEC 19 1957

Registration District No. 150 Primary Registration District No. 4241 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Oak Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City		Length of stay in lb 2ys	d. STREET ADDRESS (If outside, give location) City		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Nancey Middle Ethel Last Moore			4. DATE OF DEATH Month Dec Day -1 Year 1957		
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 12 1875	9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House		10b. KIND OF BUSINESS OR INDUSTRY Wife	11. BIRTHPLACE (City and state or country) Jackson Co Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Virgil Phöllips			14. MOTHER'S MAIDEN NAME Mary Harris		
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. None	17. INFORMANT Mary Morre Address Oak Grove 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) Cerebral hemorrhage (Ri ght frontal lobe)					INTERVAL BETWEEN ONSET AND DEATH 10 days 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis					
DUE TO (c) _____					
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 0					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.) none		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			0		
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 Nov. 25, 1957 to Dec. 1 1957 and last saw her ^{her} _{John} alive on 12-1-57 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE 		22b. ADDRESS Oak Grove, Mo.		22c. DATE SIGNED 12/2/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 3 1957	23c. NAME OF CEMETERY OR CREMATORY Oak Grove		23d. LOCATION (City, town, or county) (State) Oak Grove Mo
24. FUNERAL DIRECTOR Webb Funeral Home		ADDRESS Home Oak Grove Mo		25. DATE RECD. BY LOCAL REG. 12-3-1957	26. REGISTRAR'S SIGNATURE 

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
DEC 18 1957

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.....
Robert [unclear]

Licensed Embalmer No. *235*

P. O. Address *Oliver Springs*

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.