

Dr. Chapman
FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45257
STATE FILE NUMBER
Registrar's No. *52*

Registration District No. *292* Primary Registration District No. *0908*

S. 300
v. 1-57

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hermondale | | c. CITY OR TOWN Steele | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Holland Hosp</i> | | d. STREET ADDRESS <i>Holland Ave</i> Route 3 | |
| Length of stay in lb | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <i>Gerual Moore</i> | | | 4. DATE OF DEATH Month Day Year <i>11-25-57</i> |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>Col</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>7-28-57</i> |
| 9. AGE (In years last birthday) <i>3</i> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i> | 11. BIRTHPLACE (City and state or country) <i>Hermondale, Mo.</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i> |
| 13a. FATHER'S NAME <i>Willie Moore</i> | 13b. MOTHER'S MAIDEN NAME <i>Carry Mae Davie</i> | 14. NAME OF HUSBAND OR WIFE <i>-----</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | 16. SOCIAL SECURITY NO. | 17. INFORMANT <i>Willie Moore</i> Address <i>Steele, Mo. Rt3</i> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Virus pneumonia</i> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) <i>492X</i> | | | 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 Month, Day, Year a.m. p.m. | | | |
| 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.) <i>Holland Pemiscot Mo</i> | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <i>11-25-57</i> to <i>11-25-57</i> and last saw her/him alive on <i>11-25-57</i> Death occurred at <i>9 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>J. R. Chapman, M.D.</i> (Degree or title) | | 22b. ADDRESS <i>Steele, Mo</i> | 22c. DATE SIGNED <i>11-26-57</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>11-26-57</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove</i> | 23d. LOCATION (City, town, or county) (State) <i>Holland, Mo.</i> |
| 24. FUNERAL DIRECTOR <i>German Undert Co.</i> ADDRESS <i>Co. Steele, Mo.</i> | | 25. DATE RECD. BY LOCAL REG. <i>11-25-57</i> | 26. REGISTRAR'S SIGNATURE <i>J. R. Chapman</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

1-12-58 =

JAN 3 - 1958

PERMASCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.