

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **832**

FILED FEB 6 1958

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>4183</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, give RURAL and give township) OR <u>on route to hospital - Washington Mo.</u> TOWN		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Pacific</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				• STREET ADDRESS (If rural, give location) <u>0360</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Katie</u>		b. (Middle) <u>—</u>		c. (Last) <u>Moore</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>19.</u>		(Year) <u>1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 9, 1904</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>		IF UNDER 2 HRS. Hours <u>—</u> Min. <u>—</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Japan Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Lawrence Flemings</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Jenkins</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Moore, Pacific</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Moore (husband)</u>		ADDRESS <u>Pacific Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUPLICATE					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-19</u> , 19 <u>58</u> , to <u>1-19</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1-19</u> , 19 <u>58</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. W. Lenny M.D.</u>				23b. ADDRESS <u>Union Mo</u>		23c. DATE SIGNED <u>1-20-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 23 '58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvey</u>		24d. LOCATION (City, town, or county) (State) <u>Robertsville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN. 23. 58</u>		REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. John L. Shieber Pacific Mo.</u>			

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

FEB 8 1958

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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..... *Ralph Altman*

Licensed Embalmer No. *4808*

P. O. Address *Union, 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.