FILED JAN 29 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1645
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Joplin — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1104 Central Ave — Length of stay in Ib 67 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1104 Central Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Jessie Middle: May Last: MOORE
4. DATE OF DEATH Month Day Year: January 13, 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June 21, 1890
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: James McBride
13b. MOTHER'S MAIDEN NAME: Luvenna
14. NAME OF HUSBAND OR WIFE: Roy F. Moore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Roy Moore Address: 1104 Central Joplin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic glomerular nephritis — 3 mo.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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-57, to Jan 58 and last saw her/him alive on 1-11-58
Death occurred at 5:30A. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arnold R. Patterson (Degree or title) MD
22b. ADDRESS 418 Wall Joplin Mo
22c. DATE SIGNED 1-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 15, 1958
23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park
23d. LOCATION (City, town, or county) Joplin, Mo. (State)

24. FUNERAL DIRECTOR Thornhill-Dillon Mort ADDRESS Joplin, Mo.
25. DATE RECD. BY LOCAL REG. Jan. 22-1958
26. REGISTRAR'S SIGNATURE Dorie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

County File Number
Date Filed JAN 27 1958

AUG 20 1958

FEB 18 1959

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. 1770

P. O. Address Joplin 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.