FILED MAR 4 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004801
STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. 5250 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY CHARITON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRUNSWICK. Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY CHARITON
c. CITY OR TOWN BRUNSWICK. Inside Limits Yes ☐ No ☑
d. STREET ADDRESS 7 M. NORTH. (If outside, give location) Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First WILLIAM Middle MARTIN Last MOORE
4. DATE OF DEATH Month 2 Day 28 Year 58
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12-5-1896
9. AGE (In years last birthday) 61
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) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING.
11. BIRTHPLACE (City and state or country) FOREST GREEN MO U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George MOORE
14. MOTHER'S MAIDEN NAME FAULKNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW. I.
16. SOCIAL SECURITY NO. 487-14-1415
17. INFORMANT Address MRS W. M. MOORE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dead on arrival. unknown.
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 ☐ 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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Drover C. Ree M.D. (Degree or title)
22b. ADDRESS Brunswick MO
22c. DATE SIGNED 3-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL.
23b. DATE 3-2-58
23c. NAME OF CEMETERY OR CREMATORY FOREST GREEN Cem
23d. LOCATION (City, town, or county) (State) FOREST GREE MO
24. FUNERAL DIRECTOR L. E. McCurry ADDRESS Brunswick
25. DATE RECD. BY LOCAL REG. Mar 1-1958
26. REGISTRAR'S SIGNATURE M. Boone. Louie Smith Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

P.S. This man evidently died of a coronary heart disease. Evidence from the wife u he had been having pains in chest and r arm. Grover C Rice, M.D.

MAR 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. E. McCarty

Licensed Embalmer No. 48

P. O. Address Armonic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.