

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013495
STATE FILE NUMBER

Registration District No. 03 Primary Registration District No. 3015 Registrar's No. 272

300
-57
0

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital		d. STREET ADDRESS 1727 Goodhope	
3. NAME OF DECEASED (Type or print) First Robert Middle Ivan Last Moore		4. DATE OF DEATH Month 4 Day 16 Year 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 1 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Interion		10b. KIND OF BUSINESS OR INDUSTRY Decorator	11. BIRTHPLACE (City and state or country) Cape Girardeau Mo. 0
13a. FATHER'S NAME Robert Moore		13b. MOTHER'S MAIDEN NAME Mina Grebe	14. NAME OF HUSBAND OR WIFE Helen Moore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. 2		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address Mrs Helen Moore, Cape Gir. 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) Hepatic coma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastatic Lympho sarcoma DUE TO (c) Primary lesion of Rt. Tonsil 2001			INTERVAL BETWEEN ONSET AND DEATH approx. 2 yrs.
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <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 JUNE 1957 , to 16 APRIL 58 and last saw ^{him} alive on 16 April 1958 Death occurred at 3 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl Johnson M.D. 0		22b. ADDRESS 937 Broadway	
22c. DATE SIGNED 16 April 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4 - 18 - 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) Cape Girardeau Mo.		23e. (State)	
24. FUNERAL DIRECTOR Brinkopf Howell, Cape Gir. Mo.		25. DATE RECD. BY LOCAL REG. April 19, 1958	26. REGISTRAR'S SIGNATURE Mrs. Ann M. Cooper

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 28 1958

MAY 6 1958

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, ~~only~~, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed *Neil H. Grandjean*

Licensed Embalmer No. *4997*

P. O. Address *524 Grandjean*

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.