

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017384
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 540

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gower 6250 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 212 So. 12th. St INSTITUTION Residence		Length of stay in lb 7 months	d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last Carl Moore			4. DATE OF DEATH Month Day Year May 20 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. 27 - 1893
9. AGE (In years last birthday) 84		10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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) Buchanan Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Paris W. Moore	13b. MOTHER'S MAIDEN NAME Ruth Smedley
14. NAME OF HUSBAND OR WIFE Dulcie Moore		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes world war 1	16. SOCIAL SECURITY NO. 491-09-9048
17. INFORMANT Dulcie Moore Gower, 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) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)	
19. INTERVAL BETWEEN ONSET AND DEATH 2 hrs undid		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 <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 5-20-58, to 5-20-58 and last saw him alive on 5-20-58 Death occurred at 7:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Physician's title) Clement C. Shuman, M.D.		22b. ADDRESS St. Joseph, Mo.	
22c. DATE SIGNED 5-22-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/22/1958		23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	
23d. LOCATION (City, town, or county) Gower Mo.		23e. (State)	
24. FUNERAL DIRECTOR John H. Murray Gower, Mo.		25. DATE RECD. BY LOCAL REG. May 26, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Clark Woodell			

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.

JUN 12 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, or by *Me*....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John H. Murray*.....

Licensed Embalmer No. *2893*.....
P. O. Address *Gower, Me.*.....

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.