

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-19177
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 267 Primary Registration District No. 5905 Registrar's No. 129

300
1-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

1. PLACE OF DEATH a. COUNTY PEMISCOT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY PEMISCOT)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GODAIR TWP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PORTAGEVILLE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) ROUTE # 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First L. Middle B. Last MOORE			4. DATE OF DEATH Month MAY Day 17 Year 1958
5. SEX MALE	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. 15, 1922
9. AGE (In years, less birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and state or country) BETHEL SPRING, TENNESSEE
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE JEWEL 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 II		16. SOCIAL SECURITY NO.	17. INFORMANT MRS. L. B. MOORE Address ROUTE 2 PORTAGEVILLE, 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) Struck 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)			INTERVAL BETWEEN ONSET AND DEATH 9299 42
20a. ACCIDENT <input checked="" 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.) Struck while fishing	
20c. TIME OF INJURY 4 p.m. 5-17-58		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Rones Bend	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rones Bend		20f. CITY, TOWN, OR LOCATION Near Hayward Pemiscot, Mo.	
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 (Degree or title) James A. Debus Coroner 3	
22b. ADDRESS Wardell, Mo.		22c. DATE SIGNED 5-20-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 19, 1958	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI
24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.		25. DATE RECD. BY LOCAL REG. 5-22-58	26. REGISTRAR'S SIGNATURE John W. Herman

5-158-58

JUN 18 1958

JUN 8 1958

MAY 28 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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

Student
Signature of Student Embalmer

Signed *Joseph A. DeLuder*
Licensed Embalmer No. 4481
P. O. Address PORTAGEVILLE, 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.