

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025983
STATE FILE NUMBER

FILED JUL 22 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 346

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY WEST NEWTON	
b. CITY OR TOWN Joplin		c. CITY OR TOWN Joplin 0495	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		d. STREET ADDRESS 425 E. 42nd St.	

3. NAME OF DECEASED (Type or print) First Middle Last Norval B Moore			4. DATE OF DEATH Month Day Year July 8, 1958		
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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 June 8, 1894	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months Days 1 0	11. UNDER 24 HRS. Hours Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Amarillo, Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert W. Moore	13b. MOTHER'S MAIDEN NAME Ellen Buchanan	14. NAME OF HUSBAND OR WIFE Elizabeth Moore
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W. #1	16. SOCIAL SECURITY NO.	17. INFORMANT Elizabeth Moore 425 E. 42nd St. Joplin, Mo.
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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, massive		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4201
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY . Hour Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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
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21. I attended the deceased from 7-8-58 to 7-8-58 and last saw him alive on 7-8-58	
Death occurred at 4:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>W. L. ...</i> (Degree or title) M.D. 0	22b. ADDRESS Frisco Building Joplin, Mo.	22c. DATE SIGNED 7-11-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-11-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Webb City, Mo.
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24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Webb City, Mo.	25. DATE RECD. BY LOCAL REG. 7-16-1958	26. REGISTRAR'S SIGNATURE Dove Merriam
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(Licensed Embalmers' Statement on Reverse Side)

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.

S.V.V. SCORSE M.D.

JUL 2 1958

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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 *Jack C. Simpson*
Licensed Embalmer No. *4647*
P. O. Address *Webb City, 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.