

10-7 Health & Welfare Public Service

8 FILED SEP 2 1958

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

58-028837 STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 820

300 1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield ⁰³⁹⁶
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 716 W. Webster

3. NAME OF DECEASED (Type or print) First Middle Last OLIVE MOORE			4. DATE OF DEATH Month Day Year August 20, 1958		
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5. SEX Female	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 17 April 1906	9. AGE (In years at birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME F. Callahan	13b. MOTHER'S MAIDEN NAME Mary Strudvent	14. NAME OF HUSBAND OR WIFE Earl J. Moore
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war/ dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Hospital Records	Address
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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) Cause undetermined -		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Had Simple Uveal Fissurectomy that am 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 <input checked="" type="checkbox"/> NO <input 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 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
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21. I attended the deceased from 8-11-58 to 8-20-58 and last saw her alive on 8-20-58 Death occurred at 3:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Ronald F. Elkins M.D.	22b. ADDRESS 609 Cherry Springfield, Missouri	22c. DATE SIGNED 8-27-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-25-58	23c. NAME OF CEMETERY OR CREMATORY Eastlawn	23d. LOCATION (City, town, or country) (State) Springfield, Missouri
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24. FUNERAL DIRECTOR J. Klingner & Co. Spg'd. Mo.	25. DATE RECD. BY LOCAL REG. 8-27-58	26. REGISTRAR'S SIGNATURE Offie S. Melton
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

1958

GREENE	MISSOURI	GREENE
X	Springfield	X
X	216 N. Webster	Springfield
AMOUNT \$0, 1958	WORK	CITY
	17 April 1958 25	Female
ASU	MISSOURI	Hotels
East 1. Moore	Springfield	E. Colman
Hospital Records	No	No

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 *Glen D. Williams*

02-0042

Licensed Embalmer No. *4651*

P. O. Address *Springfield*

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.