Health, & Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029590
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Brookfield Nursing Home — Length of stay in 1b 7 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Laclede, Missouri — Inside Limits Yes X No ☐
d. STREET ADDRESS 0580 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Idah Middle Last Moore
4. DATE OF DEATH Month Aug. Day 15, Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐
8. DATE OF BIRTH July 30, 1862
9. AGE (In years last birthday) 96 — IF UNDER 1 YEAR Months 1 Days 15 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Streator, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Richard Moore
14. MOTHER'S MAIDEN NAME Carlotta Brewer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Ellis Moore, Laclede, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocarditis — INTERVAL BETWEEN ONSET AND DEATH 90 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis — 10 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senile Dementia 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 1957, to 8-15-58 and last saw her alive on 8/14/58
Death occurred at 1 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W B Simpson DO
22b. ADDRESS Brookfield Mo
22c. DATE SIGNED 8/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 17 '58
23c. NAME OF CEMETERY OR CREMATORY Laclede Cemetery
23d. LOCATION (City, town, or county) (State) Laclede, Missouri

24. FUNERAL DIRECTOR ADDRESS BROTHERS FUNERAL HOME-Laclede, Mo
Blake Gladd
25. DATE RECD. BY LOCAL REG. 8-18-58
26. REGISTRAR'S SIGNATURE Katharine Johnson DR

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(Licensed Embalmer's Statement on Reverse Side)

AUG 2 6 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Blake Gladden

Licensed Embalmer No. 5

P. O. Address Faeled

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.