

t. Health,
& Welfare
s. Public
h Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029697

STATE FILE NUMBER

FILED AUG 25 1958

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 21-58

S. 300
I-57

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

1. PLACE OF DEATH a. COUNTY Miller			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Equality Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Tuscumbia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osage River, 4 mi W Tuscumbia		Length of stay in lb	d. STREET ADDRESS none		(If outside, give location): Reside on Farm Yes: <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RUBEN EUGENE MOORE			4. DATE OF DEATH Month Day Year Aug. 7, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 14, 1909		9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resort Operator		10b. KIND OF BUSINESS OR INDUSTRY Fishing resort	11. BIRTHPLACE (City and state or country) Phelps County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles B. Moore		13b. MOTHER'S MAIDEN NAME Maggie Edgar		14. NAME OF HUSBAND OR WIFE Flossie Moore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Flossie Moore Tuscumbia, 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) Anoxemia DUE TO (b) Suffocation DUE TO (c) Drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42					INTERVAL BETWEEN ONSET AND DEATH 8 minutes
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.) Fell from boat into river			
20c. TIME OF INJURY Hour Month, Day, Year 1pm a.m. 8-7-58					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Osage river, 4 mi. W.		20f. CITY, TOWN, OR LOCATION Tuscumbia, Miller Missouri	
21. I attended the deceased from 8-7-58 to 8-7-68 and last saw her/him alive on 1:00 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. S. Humphreys, D. Coroner			22b. ADDRESS Tuscumbia, Missouri		22c. DATE SIGNED 8/12/1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-9-1958	23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		23d. LOCATION (City, town, or county) (State) Rolla, Mo.
24. FUNERAL DIRECTOR Glenn Funeral Home 1100 Elm, Rolla, Mo.		25. DATE RECD. BY LOCAL REG. August 16, 1958		26. REGISTRAR'S SIGNATURE Mrs. W. E. Kallenbach	

RECEIVED

AUG 18 '58

Miller County
Health Department

AUG 25 1958

NOV 5 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 *Carl J. Glenn*

Licensed Embalmer No. *4707*

P. O. Address *Rolla, 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.