

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033429

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No.

184

Primary Registration District No.

3038

Registrar's No.

115

5. 300  
7. 1-57  
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1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Crabbers Convalescent Home</u>		Length of stay in 1b <u>19 months</u>		d. STREET ADDRESS (If outside, give location) <u>213 West Brooks</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Comora</u> Middle <u>Alice</u> Last <u>Moore</u>				4. DATE OF DEATH Month <u>October</u> Day <u>8</u> Year <u>1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 6, 1872</u>	9. AGE (In years at birthday) <u>86</u>	F UNDER 1 YEAR Months <u>7</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (City and state or country) <u>Humphrey, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>John Nelson Keithley</u>		13b. MOTHER'S MAIDEN NAME <u>Melina A. Morris</u>		14. NAME OF HUSBAND OR WIFE <u>William Thomas Moore (deceased)</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-309593</u>		17. INFORMANT Address <u>Mrs. Adelaide Winterscheid, Brookfield, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> <u>10 yrs.</u> <u>10 yrs</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>arteriosclerosis</u>		DUE TO (c) <u>Hypertension 44/4 X</u>				
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.)					
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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			20g. COUNTY	20h. STATE
21. I attended the deceased from <u>Oct. 8, 1958</u> and last saw <sup>her</sup> alive on <u>10-8-58</u> Death occurred at <u></u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>W B Simpson, Jr. D.D.</u>			22b. ADDRESS <u>Brookfield, Mo.</u>			22c. DATE SIGNED <u>10/9/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 10, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Laclede, Missouri</u>				
24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u>		ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>10-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

every coronary, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 29 1958

OCT 1 1958

OCT 16 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 *Quard I. Wade*

Licensed Embalmer No. *4172*

P. O. Address *Browning*

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.