

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033526

STATE FILE NUMBER

FILED OCT 1 1958

Registration District No. 209 Primary Registration District No. 2261 Registrar's No. 29

300  
-57

4

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Palmyra</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Philadelphia, Mo</b> 1020 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Maple Lawn</b>		Length of stay in 1b <b>Six Mo</b>	d. STREET ADDRESS (If outside, give location) <b>Palmyra, Mo</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Maggie</b> Middle <b>L.</b> Last <b>Moore</b>			4. DATE OF DEATH Month <b>9</b> Day <b>16</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 26, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years birthday) <b>83</b> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>Shelby Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Janie Simmons</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>W.B. Pickett</b> Address <b>Shelbyville, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial decompensation</b> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <b>myocardial degeneration of malnutrition</b> DUE TO (c) <b>arteriosclerosis and senility</b> 4221			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <b>Sept 12 1958</b> to <b>Sept 16 1958</b> and last saw her alive on <b>9/12/58</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <b>Sam Buchanan</b> (Degree or title) <b>DO. 2</b>		22b. ADDRESS <b>Palmyra, Mo.</b>	22c. DATE SIGNED <b>9/17/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/18/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Pleasant Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>3 Mi. South Jeffersville Mo</b>
24. FUNERAL DIRECTOR <b>C.W. Musgrove</b> ADDRESS <b>Bethel, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>9-17-58</b>	26. REGISTRAR'S SIGNATURE <b>Dr. G. M. Lucke</b> <b>Asst. State Gen. Deputy</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

**RECEIVED** SEP 29 1958

**MARION CO. HEALTH DEPT.**

**DATE FILED** SEP 29 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 *Self*....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Chernusgrove*.....

Licensed Embalmer No. 2719.....

P. O. Address Bethel 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.