

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035711

STATE FILE NUMBER

FILED OCT 28 1958

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 509

5. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		c. CITY OR TOWN <i>Jopell</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Francis Hosp</i>		Length of stay in 1b <i>1 day</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>HENRY ASBURY MOORE</i>		4. DATE OF DEATH Month Day Year <i>Oct 22, 1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 8, 1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Hardware & fruit</i>	11. BIRTHPLACE (City and state or country) <i>Chester, Illinois</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>John Moore</i>	
13b. MOTHER'S MAIDEN NAME <i>Sidney Taylor</i>		14. NAME OF HUSBAND OR WIFE <i>Elizabeth Clark</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>Don't know</i>	17. INFORMANT Address <i>Mrs H G Moore Jopell Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5-10 year</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertensive Cardiovascular Renal Disease</i>			442X
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 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 <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		COUNTY	STATE
21. I attended the deceased from <i>May 1949</i> to <i>Oct 22, 1958</i> and last saw her alive on <i>Oct 21, 1958</i> Death occurred at <i>Oct 22, 1958 5:50 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John Cooper M.D.</i>		22b. ADDRESS <i>Cape Girardeau Mo</i>	
22c. DATE SIGNED <i>Oct 22, 1958</i>			
23a. BURIAL, CREMATION, OR DISPOSITION (Specify)		23b. DATE <i>10/25/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hobb's Chapel</i>
23d. LOCATION (City, town, or county)		(State) <i>Cape Girardeau, Mo</i>	
24. FUNERAL DIRECTOR <i>Biglinghoff Funeral Home Inc</i>		ADDRESS <i>Illmo</i>	25. DATE RECD. BY LOCAL REG. <i>Oct. 25, 1958</i>
26. REGISTRAR'S SIGNATURE <i>Mr. Armer Cooper</i>			

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 *Alvin C. Asmus*

Licensed Embalmer No. *4470*
P. O. Address *Illinois, 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.