

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036178  
STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 917

S. 300  
1-57

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>                           |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b>  |  | c. CITY OR TOWN <b>Windsor</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>203 W. Jackson St</b>  |  | d. STREET (If outside, give location) ADDRESS <b>203 W. Jackson St.</b>   |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles Edgar Moore</b>  |  | 4. DATE OF DEATH Month Day Year <b>Oct. 27, 1958</b>  |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>11-7-1871</b>                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rt. Rural Mail Carrier</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country) <b>Braymer, Mo.</b>    |
| 13a. FATHER'S NAME <b>Tilford Moore</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Mary Barron</b>  | 14. NAME OF HUSBAND OR WIFE <b>Lucy Hankins</b>                   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>None</b>   | 17. INFORMANT Address <b>Wanda Roberson Windsor, Mo.</b>          |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b><br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b> |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>                    |
| 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 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>June 1957</b> , to <b>Oct 27, 1958</b> and last saw her alive on <b>Oct 26, 1958</b><br>Death occurred at <b>Home</b> , on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |   |
| 22a. SIGNATURE <b>William Smith</b> (Degree or title)   |  | 22b. ADDRESS <b>Windsor, Mo.</b>  | 22c. DATE SIGNED <b>10/28/58</b> (State)                          |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>10-29-1958</b>  | 23c. NAME OF CEMETERY OR CREMATORIUM <b>Laurel Oak</b>  | 23d. LOCATION (City, town, or county) <b>Windsor, Mo.</b> (State) |
| 24. FUNERAL DIRECTOR ADDRESS <b>Ellis Huston Windsor, Mo</b>  |  | 25. DATE RECD. BY LOCAL REG. <b>11-5-58</b>   | 26. REGISTRAR'S SIGNATURE <b>Mildred Begum</b>                    |

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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 *Clifford Gouge* .....

Licensed Embalmer No. *5014* .....

P. O. Address *Windsor, Me* .....

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.