. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037182
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 218 Primary Registration District No. 5790 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Mississippi	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wolf Island Twnsp. — Inside Limits Yes ☐ No ☒	CITY OR TOWN East Prairie — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. South East of East Prairie — Length of stay in 1b	STREET ADDRESS Rt. #2 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
James	Alfred	Moore	October 10, 1958

5. SEX	6. COLOR OR RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
Male	White		9-6-1929	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Hardeman Co., Tenn.	U. S. A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
James W. Moore	Callie Wilson	Bessie I. Russom Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
		Mrs. Bessie Moore, Rt. #2 East Prairie, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Fractured Skull, & internal Injuries

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Broken Left leg

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 ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Moore, was traveling East on Highway # 55 and and crossed left lane of traffice and hit a county road grader head on causeing instant death

20c. TIME OF INJURY Hour 4:10 a.m. p.m. Month, Day, Year 10/10/58

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Highway

20f. CITY, TOWN, OR LOCATION 067 COUNTY STATE 5 Miles East of East Prairie, Mo.

21. I attended the deceased from After death as Coroner and last saw her him alive on

Death occurred at 4:10 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE	(Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Elva McGible	Coroner 3	Charleston, Mo.	10/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	10-12-58	W. O. W. Cemetery	East Prairie, Missouri

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Travis Shelby	East Prairie, Mo.	10-16-58	Gertrude G. Harper

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed 10/17/58

NOV 3 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 ..... Signed Travis Shelby
Signature of Student Embalmer

Licensed Embalmer No. 275
P. O. Address East Prairie

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.