

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039089
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. _____ Registrar's No. 684

FILED DEC 15 1958

1. PLACE OF DEATH
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fisk Inside Limits Yes No

c. CITY OR TOWN Dexter 1030 Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Length of stay in lb _____ d. STREET ADDRESS Route 3 (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Rhoda Middle Elizabeth Last Moore

4. DATE OF DEATH Month November Day 28 Year 1958

5. SEX female 6. COLOR OR RACE cauc. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Aug. 15, 1890 9. AGE (In years last birthday) 68 10. F UNDER 1 YEAR Months _____ Days _____ 11. F UNDER 24 HRS. Hours _____ Min. _____

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

13a. FATHER'S NAME John Steward 13b. MOTHER'S MAIDEN NAME Margarett Larock 14. NAME OF HUSBAND OR WIFE Willie Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Jewell Mayberry Address R #3 Dexter, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RESPIRATORY FAILURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) BRONCHOPNEUMONIA
DUE TO (c) CARCINOMA of LIVER
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

INTERVAL BETWEEN ONSET AND DEATH 10 days
11-18-58 to 11-28/58
APPROX. 1 yr.

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.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from 9-22-58 to 11-28-58 and last saw her alive on 11-28-58 3:00 P.M.
Death occurred at 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. A. McCormack, D.O. 2 22b. ADDRESS Bermeo, Mo. 22c. DATE SIGNED 12-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 11/30/1958 23c. NAME OF CEMETERY OR CREMATORY Gravel Hill Cemetery 23d. LOCATION (City, town or county) (State) Bloomfield, Missouri

24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Missouri 25. DATE RECD. BY LOCAL REG. 12/6/58 26. REGISTRAR'S SIGNATURE R. Munnice

300
1-57

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

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RECEIVED

BUTLER CO. HEALTH CENTER

FILE No. _____

FILE NO.

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 Carl M. Watkin _____

Licensed Embalmer No. 4964 _____

P. O. Address Butler, Pa. _____

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.