

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044642

STATE FILE NUMBER

8
FILED DEC 18 1958

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 236

Health, Welfare Public Service

300 1-56

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Carthage Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hqs.			Length of stay in 1b 26 years		d. STREET ADDRESS (If outside, give location) 301 West 7th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Carrie Middle Lou Last Moore				4. DATE OF DEATH Month Dec. Day 8, Year 1958					
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 2, 1885		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 2 Days 6 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Lawrence County Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James Stribling				14. MOTHER'S MAIDEN NAME Susan Dunaphant					
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 Address Lloyd Moore Liberal Kan.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prolonged Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ruptured Abdominal Viscus DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Uremia (due to shock)							INTERVAL BETWEEN ONSET AND DEATH 18 hrs 1-2 days		
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 February 1958 to December 8, 1958 and last saw her/him alive on 12-8-58 Death occurred at 11:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) Grover S. Patterson M.D.					22b. ADDRESS 506 S Main Carthage, Mo		22c. DATE SIGNED 12-10-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-11-1958	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Pierce City		(State) Mo.		
24. FUNERAL DIRECTOR Wilks Bros. Pierce City Mo.			25. DATE RECD. BY LOCAL REG. 12-13-1958		26. REGISTRAR'S SIGNATURE W. H. Clinton				

(Licensed Embalmer's Statement on Reverse Side)

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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, ~~only~~....., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edwin Wilks*.....

Licensed Embalmer No. *419*

P. O. Address *Pierce Co*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.