

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000023

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 22

300
1-57

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at Lincoln School Bldg.			Length of stay in 1b		d. STREET ADDRESS 1415 N. Green St.,
3. NAME OF DECEASED (Type or print) First Middle Last Marion Moore			4. DATE OF DEATH Month Day Year Jan. 19, 1959		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 4, 1894		9. AGE (In years) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public School Custodian		10b. KIND OF BUSINESS OR INDUSTRY Custodian work		11. BIRTHPLACE (City and state or country) Carlton Hill, Alabama	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME George Moore		13b. MOTHER'S MAIDEN NAME Canna Fields	
14. NAME OF HUSBAND OR WIFE Bessie Newcomb Moore		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, if unknown) (If yes, give war or dates of service) Yes W. W. I.		16. SOCIAL SECURITY NO. 490-10-7703	
17. INFORMANT Mrs. Bessie Moore, Kirksville, Mo.		Address		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis with occlusion DUE TO (b) arteriosclerotic heart disease 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. INTERVAL BETWEEN ONSET AND DEATH 5 min. 3 yrs.		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 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 Kirksville, Mo.		COUNTY STATE	
21. I attended the deceased from 1-19-59 to _____ and last saw him alive on 1-19-59 Death occurred at 9:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE D.E. Maddox DO		22b. ADDRESS Kirksville, Mo.	
22c. DATE SIGNED 1-19-59		23a. BURIAL, CREMATION, REBURYAL (Specify) Burial		23b. DATE 1/21/59	
23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery		23d. LOCATION (City, town, or county) Kirksville, Mo.		(State)	
24. FUNERAL DIRECTOR Paul H. Poley		ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 1-20-1959	
26. REGISTRAR'S SIGNATURE Doris W. Rathoff					

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

JAN 27 195

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 *Kenneth E. Hayes*

Licensed Embalmer No. *4890*
P. O. Address *Kirkville, 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.