Health, Welfare Public Service

300 4
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001846
STATE FILE NUMBER

FILED JAN 27 1959 Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Plattin Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rose Hill Conv. — Length of stay in 1b: 3 Wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jefferson
c. CITY OR TOWN: DeSoto — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1008 So. 2nd. St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Home — Middle: AMOS — Last: HENRY MOORE
4. DATE OF DEATH: Month Jan. Day 15. Year 1959

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: April 6, 1882
9. AGE (In years last birthday): 76 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l. Farming
11. BIRTHPLACE (City and state or country): Jefferson County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Augustus Moore
13b. MOTHER'S MAIDEN NAME: Delia Frazier
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: E. J. Moore, Address: Crystal City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200.

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 Oct 5, 58 to Jan. 14, 59 and last saw her/him alive on Jan 14, 59
Death occurred at 1:20 a.m. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title)
22b. ADDRESS: [illegible], Mo.
22c. DATE SIGNED: 1/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/17/59
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn
23d. LOCATION (City, town, or county) (State): DeSoto Mo.

24. FUNERAL DIRECTOR: J. Lee Mothershead — ADDRESS: DeSoto, Mo.
25. DATE RECD. BY LOCAL REG.: 1-23-1959
26. REGISTRAR'S SIGNATURE: Marie Farris

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

0

DATE RECEIVED
JAN 26 19[illegible]

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 J. Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.