

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006575

State File No.

No. 300

10. 48

FILED FEB 17 1959

REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		c. CITY OR TOWN <u>Perryville</u> (791)	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Perry County Mem. Hospital</u> 700 W. Grand			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gilbert</u> b. (Middle) <u>Henry</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31, 1959</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Distributor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil</u>		8. DATE OF BIRTH <u>Aug. 4, 1904</u>	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 18 HRS. Hours <u> </u> Min. <u> </u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry I. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hart</u>		14. NAME OF HUSBAND OR WIFE <u>Elta M. Moore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-09-0895</u>		17. INFORMANT'S NAME AND ADDRESS <u>Mrs. Elta M. Moore</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		ANTECEDENT CAUSES		19m. <u>1hr</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4001</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-23, 1957 to 1-31, 1959, that I last saw the deceased alive on 1-31, 1959, and that death occurred at 2:05 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. F. Fairchild, M.D.</u>		23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>2-3-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 3, 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Albert Bey Perryville, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>2-3-59</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Albert Bey Perryville, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 1930

~~MAR 1 1930~~

MAR 9 1930

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

Student.....
Signature of Student Embalmer

Signed..... *Albert Bey*

Licensed Embalmer No.
P. O. Address..... *Perryville*

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.