

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013939
STATE FILE NUMBER

FILED APR 28 1959 Registration District No. 171 Primary Registration District No. 5639 Registrar's No. 16

300
1-57

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twms.		c. CITY OR TOWN Washington Twms.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Mi. East of Odessa Life		d. STREET ADDRESS (If outside, give location) 7 Mi. East of Odessa	
3. NAME OF DECEASED (Type or print) First Frank Middle Elmer Last Moore		4. DATE OF DEATH Month April Day 22 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 70
11. BIRTHPLACE (City and state or country) Lafayette Co, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William F. Moore		13b. MOTHER'S MAIDEN NAME Lydia Etherton	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Nina Boshert, Higginville, Mo.
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 Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } This man was found dead at the edge of field on his farm where he had been working DUE TO (b) no evidence / evidence 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
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 _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input checked="" 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.) on his farm	20f. CITY, TOWN, OR LOCATION Marion Lafayette Mo	COUNTY STATE
21. I attended the deceased from never to after death and last saw her/him alive on a few weeks ago Death occurred at about 2 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. Martin MD Coronar 3		22b. ADDRESS Odessa Mo	22c. DATE SIGNED 4-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 25, 1959	23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Lafayette Co., Mo.
24. FUNERAL DIRECTOR ADDRESS Husman-Sparks, Odessa, Mo.		25. DATE RECD. BY LOCAL REG. 4/23/1959	26. REGISTRAR'S SIGNATURE Emma Davidson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 9 1959

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 *William T. Sparks*

Licensed Embalmer No. *4431*

P. O. Address *Ocala*

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.