

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016446  
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 328 Primary Registration District No. 4485 Registrar's No. 23

300  
-57  
3

1. PLACE OF DEATH a. COUNTY <b>Seath</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Seath</b> )	
b. CITY OR TOWN <b>Illmo</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Commerce</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <b>Mount to hosp.</b>		Length of stay in lb <b>Transient</b>	d. STREET ADDRESS (If outside, give location)

3. NAME OF DECEASED (Type or print) First <b>SUSIE</b> Middle <b>LEE</b> Last <b>MOORE</b>			4. DATE OF DEATH Month <b>April</b> Day <b>19</b> Year <b>1959</b>
--	--	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 18, 1881</b>	9. AGE (In years last birthday) <b>78</b>	F 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) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Oak Ridge, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
--	-----------------------------------	--	--

13. FATHER'S NAME <b>Wm E. Marshall</b>	13b. MOTHER'S MAIDEN NAME <b>Frances Davis</b>	14. NAME OF HUSBAND OR WIFE <b>B.R. Moore</b>
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Marshall Moore</b> Address <b>Commerce, Mo</b>
---	-------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease, with pulmonary edema.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 years.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>		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 COUNTY STATE
---	---	--	---

21. I attended the deceased from <b>Apr. 19, 1959</b> to <b>Apr. 19, 1959</b> and last saw her alive on <b>Apr. 19, 1959</b> Death occurred at <b>5:20 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <b>Edward D. Campbell M.D.</b>	22b. ADDRESS <b>Cape Girardeau, Missouri</b>	22c. DATE SIGNED <b>4-22-59</b>
---	--	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/22/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Commerce, Missouri</b>
---	--------------------------	---	---

24. FUNERAL DIRECTOR <b>Buehlinghoff Funeral Home</b> ADDRESS <b>Illmo</b>	25. DATE RECD. BY LOCAL REG. <b>Apr 24 59</b>	26. REGISTRAR'S SIGNATURE <b>Mustard Buehlinghoff</b>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Olliver Ames* .....

Licensed Embalmer No. *4470* .....  
P. O. Address *Illus, N* .....

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.