

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016590

FILED APR 28 1959 Registration District No. 375 Primary Registration District No. 6284 STATE FILE NUMBER Registrar's No. 17

300
1-57

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONTGOMERY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HARTVILLE 1140
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 MI. N.E. HARTVILLE		Length of stay in 1b 71 YRS.	d. STREET ADDRESS (If outside, give location) RFD #1, HARTVILLE
3. NAME OF DECEASED (Type or print) First Middle Last DEE MOORE			4. DATE OF DEATH Month Day Year 3 20 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3 / 18 / 1888
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (In years last birthday) 71
11. BIRTHPLACE (City and state or country) WRIGHT CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROBERT MOORE		13b. MOTHER'S MAIDEN NAME REBECCA WILSON	14. NAME OF HUSBAND OR WIFE EDITH CALTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NONE		16. SOCIAL SECURITY NO. 491-42-9318	17. INFORMANT ELMER COPE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stag Horn Calculus Hydrophoria acute + Chronic Pylorodysplasia			INTERVAL BETWEEN ONSET AND DEATH Do NOT Know
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) uremia DUE TO (c) anemia			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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 2-24-59 to 3-13-59 and last saw her alive on 3-13-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edwin M Powell		22b. ADDRESS 115 Prof. Bldg Springfield Mo 24911	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/23/1959	23c. NAME OF CEMETERY OR CREMATION MOORE CEMETERY	23d. LOCATION (City, town, or county) (State) N.E. HARTVILLE MISSOURI
24. FUNERAL DIRECTOR JOHN SIMPSON	ADDRESS HARTVILLE, MO.	25. DATE RECD. BY LOCAL REG. 4-27-59	26. REGISTRAR'S SIGNATURE Bonnie L. Jones

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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MAY 23 1962

County File Number 458-44
Date Filed 4-27-59

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 *W. Barber*

Licensed Embalmer No. *3148*

P. O. Address *Attn. Gene Hill*

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.