t. Health,
, & Welfare
S. Public
th Service

. S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020109
STATE FILE NUMBER

FILED MAY 19 1959

Registration District No. 337 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH
a. COUNTY: SHELBY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): SHELBINA — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): SHELBINA HOME OF SISTER — Length of stay in Hospital: 3 WKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: SHELBY
c. CITY OR TOWN: CLARENCE — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): RFD — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: RHODA Middle: PEARL Last: MOORE

4. DATE OF DEATH: Month: MAY Day: 5 Year: 1959

5. SEX: FEMALE **6. COLOR OR RACE**: WHITE **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: JUNE 8, 1901

9. AGE (In years last birthday): 57 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (City and state or country): MO SHELBY COUNTY
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: GENE WHITE
13b. MOTHER'S MAIDEN NAME: ANNIE SEARS
14. NAME OF HUSBAND OR WIFE: FLOYD MOORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: FLOYD MOORE Address: CLARENCE MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Carcinoma of uterus — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
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): 174X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Mar. 27, 1959 - 5-5-59 and last saw her alive on 5-5-59
Death occurred at 7:15 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. H. Tomei D.O.
22b. ADDRESS: Shelbina, Mo
22c. DATE SIGNED: 5/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-7-59
23c. NAME OF CEMETERY OR CREMATORY: SHELBINA CEMETERY
23d. LOCATION (City, town, or county) (State): SHELBINA MO

24. FUNERAL DIRECTOR: GREENING Address: CLARENCE MO
25. DATE RECD. BY LOCAL REG.: May 11 1959
26. REGISTRAR'S SIGNATURE: Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

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

19-6

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 Charles V. Greenin

Licensed Embalmer No. 4625

P. O. Address Clarence

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.