

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020539

STATE FILE NUMBER

FILED JUL 6 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 290

S. 300  
7. 1-57

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>CARTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>VAN BUREN</b>
c. FULL NAME OF DECEASED (If NOT in hospital, nursing home, or institution) <b>Henry Moore</b>		Length of stay in lb <b>4</b>	d. STREET ADDRESS (If outside, give location) <b>VAN BUREN, MO</b>
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>MOORE</b> Last <b>MOORE</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>5</b> Year <b>1959</b>	
5. SEX <b>MALE</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>3-22-1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>84</b>
11. BIRTHPLACE (City and state or country) <b>CARTER COUNTY, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>NATH MOORE</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>DECEASED</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>Odney Rhea</b> Address <b>VAN BUREN, 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>Cardiac complications</b> DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) <b>420C</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Recent amputations of leg - Arterio-sclerotic changes</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 week</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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>			
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 <b>4 May 1958</b> to <b>5 June 1959</b> and last saw him alive on <b>4 June 1959</b> Death occurred at <b>2:00 P.M.</b> on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <b>W. H. Propperson MD</b>		22b. ADDRESS <b>321 Oak Park Pl. Van Buren, Mo</b>	
22c. DATE SIGNED <b>14 June 59</b>		23a. BURIAL, CREMATION, OR REMOVAL (Specify)	
23b. DATE <b>6-6-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>ALDRICH VALLEY</b>	
23d. LOCATION (City, town, or county) <b>CARTER Co. Mo.</b>		24. FUNERAL DIRECTOR <b>M. Spadden</b> ADDRESS <b>VAN BUREN, MO</b>	
25. DATE RECD. BY LOCAL REG. <b>6/27/59</b>		26. REGISTRAR'S SIGNATURE <b>W. H. Propperson</b>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Allen C. McSpencer* .....

Licensed Embalmer No. *4543* .....

P. O. Address... *Van Buren, Mo.* .....

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.