

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032824

FILED VS. SEP 18 1959 / 60

Registration District No. 3099 Primary Registration District No. 134 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY		Length of stay in 1b		c. CITY OR TOWN CRYSTAL CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 103 WARD TERR.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDWARD Middle M. Last MOORE				4. DATE OF DEATH Month SEPT. Day 8 Year 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 JUNE 23, 1901	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GLASS WORKER			10b. KIND OF BUSINESS OR INDUSTRY GLASS FACTORY		11. BIRTHPLACE (City and state or country) PERRY CO., MO.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ALBERT G. MOORE			13b. MOTHER'S MAIDEN NAME FRANCIS DICKINSON		14. NAME OF HUSBAND OR WIFE MRS. OMA MOORE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 499-03-4407	17. INFORMANT Address Mrs. OMA MOORE, Crystal City, 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) Carcinoma of Left Lung							INTERVAL BETWEEN ONSET AND DEATH 1 year
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 on Sept 13-1958 to Sept 8-1959 and last saw her/him alive on Aug 4-1959 . Death occurred at 6:00 PM Sept 10-1959 on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. Cammerford (Degree or title)			22b. ADDRESS Crystal City Mo.			22c. DATE SIGNED Sept 10/1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-11-59	23c. NAME OF CEMETERY OR CREMATOR ROSE LAWN		23d. LOCATION (City, town, or county) CRYSTAL CITY, MO.		23e. STATE MO.	
24. FUNERAL DIRECTOR James R. Cody, Crystal City, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 9-11-59	26. REGISTRAR'S SIGNATURE James A. Peyton			

FILED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 25 1958

SEP 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James Richard Cady

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.