DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59–039811
STATE FILE NUMBER

MENDED

Registration District No. 138 Primary Registration District No. 5522 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY ~~Dallas~~ Hickory	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Hickory
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cross Timbers — Length of stay in 1b: 7 Yrs.	c. CITY OR TOWN Cross Timbers — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Delivery — Inside Limits: Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) General Delivery — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Flavie	Middle: Amos	Last: Moore	4. DATE OF DEATH Month: November	Day: 6,	Year: 1959			
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 5/4/1891	9. AGE (last birthday): 68 Yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: General	11. BIRTHPLACE (City and state or country): Bevier, Missouri	12. CITIZEN OF WHAT COUNTRY: U.S.A.					
13a. FATHER'S NAME: William J. Moore	13b. MOTHER'S MAIDEN NAME: Annie Bills	14. NAME OF HUSBAND OR WIFE: Martha Louise Moore						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: Martha Moore Address: Cross Timbers, Mo.						

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) Cardio-Vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Debility

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Aug 10-59 to Nov-6-59 and last saw her/him alive on Nov-5-59.
Death occurred at 1:30 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: C W Bailey (Degree or title): Dr. Carl Bailey D.O.	22b. ADDRESS: ~~XXXXX~~ Urbana, Missouri	22c. DATE SIGNED: 11/7/1959	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/8/1959	23c. NAME OF CEMETERY OR CREMATORY: Cross Timbers	23d. LOCATION (City, town, or county) (State): Cross Timbers, Missouri
24. FUNERAL DIRECTOR: Ayre-Goodwin	ADDRESS: Springfield, Mo.	25. DATE RECD. BY LOCAL REG.: 11/10/1959	26. REGISTRAR'S SIGNATURE: May Johnson

(Licensed Embalmer's Statement on Reverse Side)

VS NOV 30 1959

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_____ Signed Lee Mason
Signature of Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfie

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