URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 2 9 1960

-60-007339

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 13

NDED

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo Walker — Length of stay in 1b 6 Months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home-1104 S Roach St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Moniteau
c. CITY OR TOWN California, Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1104 S Roach St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Sadie Middle Last Moore

4. DATE OF DEATH Month Day Year Feb 15 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6/19/79
9. AGE (last birthday) 80 — IF UNDER 1 YEAR Months 7 Days 27 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Andie Piett
13b. MOTHER'S MAIDEN NAME Julia Blalock
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Earl Moore-Rt # 2- California, Mo — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days
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. ☐ 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 June 1954, to Feb 15, 1960 and last saw her/him alive on Feb 14, 1960
Death occurred at 4 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lionel M Gallagher MD
22b. ADDRESS California Mo
22c. DATE SIGNED 2/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/17/60
23c. NAME OF CEMETERY OR CREMATORY Mt Plesent Cemetery
23d. LOCATION (City, town, or county) (State) Rural- Clarksburg, Mo

24. FUNERAL DIRECTOR ADDRESS Bowlin Funeral Home- California, Mo
25. DATE RECD. BY LOCAL REG. 2/18/60
26. REGISTRAR'S SIGNATURE Helen L Popejoy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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