

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 24 1949

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 47

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|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1629 West Phelps | | d. STREET ADDRESS (If rural, give location) 1629 West Phelps | |
| 3. NAME OF DECEASED a. (First) William | | b. (Middle) Franklin | |
| c. (Last) Moore | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 17, 1949 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH November 8, 1866 |
| 9. AGE (In years last birthday) 82 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 11. BIRTHPLACE (State or foreign country) Unknown |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Unknown | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Anna Maude 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. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Emmett Moore, 1629 W. Phelps. | | ADDRESS | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Insufficiency</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) <i>Chronic degenerative Card.</i> <i>vascular - renal disease</i> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4/2 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | | 21b. PLACE OF INJURY (e.g.: in or about home, farm, factory, street, office bldg., etc.) Springfield, Greene, Mo. | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 0 | |
| 22. I hereby certify that I attended the deceased from Dec 14, 1948 to Jan 17, 1949 , that I last saw the deceased alive on Dec. 25, 1949 , and that death occurred at 8:10 pm. from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Arthur O. Knabb M.D. | | 23b. ADDRESS 1630 N. Jefferson | |
| 23c. DATE SIGNED 1-18-49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-20-49 | |
| 24c. NAME OF CEMETERY OR CREMATORY M.E. Council | | 24d. LOCATION (City, town, or county) (State) Near Rifes Mo | |
| DATE REC'D BY LOCAL REG. 1-19-49 | | REGISTRAR'S SIGNATURE W.S. Handley M.D. | |
| 25. FUNERAL DIRECTOR'S SIGNATURE W.L. Dunn, Springfield, Mo. | | ADDRESS Springfield, Mo. | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Dr. Arthur Knabb

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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
Student Embalmer

Signed *H.S. Mc Carr*

Licensed Embalmer No. *2727*

P. O. Address *Springfield, 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 this body is not embalmed, fact should be so stated above.