

FILED JAN 29 1949

STANDARD CERTIFICATE OF DEATH

3050

State File No. _____

318

1003

Registrar's No. 425

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Richards</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Falls City</u>		9 11 23	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1010 East 21st St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Herbert</u>		b. (Middle) <u>A. (Initial only)</u>		c. (Last) <u>Moore</u>	
4. DATE OF DEATH		(Month) <u>1</u>		(Day) <u>14</u>		(Year) <u>49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 12/20/07</u>		8. DATE OF BIRTH <u>Sept. 5, 1883</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>1</u>		IF UNDER 1 YEAR Days <u>9</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locomotive engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R. R. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Orrick, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>retired 11/16/11</u> <u>Charles Merriam Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah F. Creason</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Sims</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert A. Moore, Jr. Falls City, Neb.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLUS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 HRS.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>THROMBOPHLEBITIS-POST OP</u>				<u>24 HRS.</u>	
		DUE TO (c) <u>CARCINOMA OF PANCREAS</u>				<u>2 MOS.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>3 JAN 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF PANCREAS</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hog</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>15 ft</u>			
22. I hereby certify that I attended the deceased from <u>12/26/48</u> , 19____, to <u>1/11/49</u> , 19____, that I last saw the deceased alive on <u>Jan. 11</u> , 19 <u>49</u> , and that death occurred at <u>4:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry Kaffner M. D.</u>				23b. ADDRESS <u>Mo. Pac. Hospital</u>		23c. DATE SIGNED <u>1/15/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Basater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert ...</u>		ADDRESS <u>...</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MRS

OCT 4 1949

FEB 1 1949

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address _____

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.