

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7310

State File No.

BIRTH NO. _____ REG. DIST. NO. 8 PRIMARY REG. DIST. NO. 4021 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ladonia, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ladonia, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ladonia, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Luther</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1949.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March, 16, 1882</u>	9. AGE (In years last birthday) (Specify) <u>67</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Low Power + Lighter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same.</u>	11. BIRTHPLACE (State or foreign country) <u>Ralls County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Leander C. Moore.</u>	13b. MOTHER'S MAIDEN NAME <u>Miss Warren.</u>	14. NAME OF HUSBAND OR WIFE <u>Johana G. Moore</u>
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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>478-07-5891A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Johanna G. Moore</u>	ADDRESS <u>Ladonia</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardiomyopathy of Liver</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 1, 1948, to 3-16, 1949, that I last saw the deceased alive on 3-16, 1949, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. K. McCall M.D.</u>	(Degree or title)	23b. ADDRESS <u>Ladonia Mo</u>	23c. DATE SIGNED <u>3-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ladonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ladonia Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-18-49</u>	REGISTRAR'S SIGNATURE <u>Martha Kennerly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wilkey</u>	ADDRESS <u>Ladonia</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

604

RECEIVED
District Health Officer No. 10
District File Number 3-47-51
Date Filed MAR 23 1948

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 _____

John E. Maxwell Student Embalmer No. 252
working under my personal supervision.

Student John E. Maxwell
Student Embalmer

Signed Clyde Wilsey
Licensed Embalmer No. 3820

P. O. Address Peary, 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.