

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1228

BIRTH NO. 49-012090 REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4581 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Bloomfield</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Rural Duck Creek</u> <u>103</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Davis Hemphill Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>Dudley R-1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Connie</u> b. (Middle) <u>Marie</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	8. DATE OF BIRTH <u>Feb 15 1949</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Days <u>9</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Bloomfield Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Carl Moore</u>		13b. MOTHER'S MAIDEN NAME <u>La Ferne Limbaugh</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Limbaugh</u> ADDRESS <u>Paxico Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lacerus of the New-born.</u>		II. OTHER SIGNIFICANT CONDITIONS <u>7700</u> Conditions contributing to the death but not related to the disease or condition causing death.				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 15, 1949, to Feb 24, 1949, that I last saw the deceased alive on Feb 24, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gordon Hemphill, D.O.</u>		(Degree or title) of 23b. ADDRESS <u>Bloomfield, Mo</u>		23c. DATE SIGNED <u>3-11-49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 26-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hobbs Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo</u>		DATE REC'D BY LOCAL REG. <u>Mar. 25-49</u>			
REGISTRAR'S SIGNATURE <u>Rose Webber</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Flora Morgan</u>		ADDRESS <u>Paxico Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. _____
District File Number 349-46
Date Filed 3-29-41

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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.