

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24500

State File No.

FILED JUL 22 1949

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins,	
c. LENGTH OF STAY (in this place) 6 Da.		d. STREET ADDRESS (If rural, give location) 309 A St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE	b. (Middle)	c. (Last) MOORE	4. DATE OF DEATH (Month) (Day) (Year) July 10 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug-18-1884	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 22	IF UNDER 1 MIN. Hours 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Doe Run, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Wiess	13b. MOTHER'S MAIDEN NAME Clara Kellarman	14. NAME OF HUSBAND OR WIFE John Moore
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John Moore	ADDRESS Elvins, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 10 da 34 years 73 3X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis		
	DUE TO (c) II. 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	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) Farmington, St. Francois, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan, 1947, to July 10, 1949, that I last saw the deceased alive on July 9, 1949, and that death occurred at 10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Geo. L. Watkins	23b. ADDRESS Farmington, Missouri	23c. DATE SIGNED 7-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July-13-1949	24c. NAME OF CEMETERY St. Francois Memo	24d. LOCATION (City, town, or county) (State) St. Francois Co, Mo.
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DATE REC'D BY LOCAL REG July 15, 1949	REGISTRAR'S SIGNATURE Ether Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE Sparks	ADDRESS Flat River, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JIE

RECEIVED 7-18-49

District Health Officer No. 4

Set File Number 249-9

Date Filed _____

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.

Signed *Murphy Parks*

Signed _____
Student Embalmer

Licensed Embalmer No. 4226

P. O. Address. Flat River, TN

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.

James W. ...