

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29040

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4513 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREEN CASTLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREEN CITY</u>	
c. LENGTH OF STAY (In this place) <u>3 MO</u>		d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Daughter</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>LINCOLN</u> c. (Last) <u>MOORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>DECEMBER 30, 1866</u>
9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months _____ Days _____	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		
13a. FATHER'S NAME <u>GEORGE MOORE</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH YOUNG</u>	14. NAME OF HUSBAND OR WIFE <u>NORA WADE MOORE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Moore</u> ADDRESS <u>Green City, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>April 3, 1949</u> <u>Sept. 5, 1949</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>History of Low B.P.</u>		
	DUE TO (c) <u>Brady Cardia Embolism</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>405X</u>
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>Feb 1949</u> , 1949, to <u>Aug 12</u> , 1949, that I last saw the deceased alive on <u>Aug 12</u> , 1949, and that death occurred at <u>2:30 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry W. Cahill, D.O.</u> (Degree or title)		23b. ADDRESS <u>Green City MO</u>	23c. DATE SIGNED <u>Sept 6-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET</u>	24d. LOCATION (City, town, or county) (State) <u>GREEN CITY, MO.</u>
DATE REC'D BY LOCAL REG. <u>Sept. 10, 1949</u>	REGISTRAR'S SIGNATURE <u>Laura Patton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherr E. Kent</u> ADDRESS <u>Sherr E. Kent Home Green City, Mo.</u>	

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

RECEIVED SEP 14 1948  
District Health Officer No. 10  
District File Number 9-49-159  
Date Filed SEP 14 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Carl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.