

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41525**

FILED JAN 6 1950

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BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Johnson.	
b. CITY (If outside corporate limits, write RURAL and give town) Warrensburg.		c. CITY (If outside corporate limits, write RURAL and give township) Warrensburg.	
c. LENGTH OF STAY (in this place) 29yrs.		d. STREET ADDRESS (If rural, give location) 109, Grover.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 109 Grover Street			
3. NAME OF DECEASED (Type or Print) a. (First) William:		b. (Middle) Sidney	
c. (Last) Moore.		4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1949.	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married.	8. DATE OF BIRTH 28, Feb. 1892
9. AGE (In years last birthday) 57yrs.		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Master.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Jefferson City, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W.A. Moore.		13b. MOTHER'S MAIDEN NAME Nell McHenry	
14. NAME OF DECEASED'S WIFE Shirby Moore.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. World War I.	
17. INFORMANT'S SIGNATURE OR NAME Shirby Moore.		ADDRESS Warrensburg, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arteriosclerotic heart disease 3 yrs.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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? 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)			
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 Jan. 1946 to Dec. 26, 1949 , that I last saw the deceased alive on Dec. 20, 1949 and that death occurred at 9:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Harry Sweeney		23b. ADDRESS Warrensburg	
23c. DATE SIGNED 12/27/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 28, Dec. 1949	
24c. NAME OF CEMETERY OR CREMATORY National Cem.		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG. Dec 27, 1949		REGISTRAR'S SIGNATURE Sarannah Antefield	
25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips.		ADDRESS Warrensburg, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 9
JAN 26 1950

JAN 12 1950

FEB 16 1950

AUG 9 1955

JUL 19 1956

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 _____

Leo P. McGuirk

Student Embalmer No. *358*

working under my personal supervision.

Student *Leo P. McGuirk*
Student Embalmer

Signed *P. Q. Phillips*

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, 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.