No. 300
10.48

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14101

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5956 Registrar's No. .....

62

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

1. PLACE OF DEATH
a. COUNTY ~~Lincoln~~ Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Calumet
c. LENGTH OF STAY (in this place) 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 mile south of Clarksville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural- Hurricne Twship.
d. STREET ADDRESS (If rural, give location) 5 mile west of Elsberry, Mo.

3. NAME OF DECEASED (Type or Print) a. (First) Genese b. (Middle) (nick-name: Gaines) c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) April 2,1950

5. SEX male 2
6. COLOR OR RACE negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Aug. 25,1892
9. AGE (In years last birthday) 57 — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Lincoln County, Mo. 11
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lee Moore
13b. MOTHER'S MAIDEN NAME Annie Cropp
14. NAME OF HUSBAND OR WIFE deceased- Lilly Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME Curtis Wheatley-223 N.13th-Springfield ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wounds in neck & chest — INTERVAL BETWEEN ONSET AND 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) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E981X

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Clarksville (COUNTY) Pike (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased* dead ~~alive~~ *on* April 2, 1950, *and that death occurred at* 10:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE J. O. Mudd (Degree or title) Coroner 2
23b. ADDRESS Bowling Green, Mo
23c. DATE SIGNED april 20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11
24b. DATE 4-6-50
24c. NAME OF CEMETERY OR CREMATORY Hayes Cem.
24d. LOCATION (City, town, or county) (State) Elsberry, RFD, Missouri

DATE REC'D BY LOCAL REG. 5-2-50
REGISTRAR'S SIGNATURE Suda Richard 256 1
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 2 1965

RECEIVED MAY 6 195

District Health Officer No

District File Number

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.

Student

Student Embalmer

Signed

Licensed Embalmer No. 4012

P. O. Address Elsberry, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.