

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23072

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 93

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| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u> | |
| c. LENGTH OF STAY (In this place) <u>13 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>114 Kent St</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>114 Kent St</u> | | | |

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|--|-------------|---------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>JOE</u> | b. (Middle) | c. (Last) <u>MOORE</u> | (Month) (Day) (Year) <u>July 3 1950</u> | | |

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|--|----------------------------------|--|--|--|------------------------|--|-----------------------|-------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 4 1879</u> | 9. AGE (In years last birthday) <u>71</u> | 10. MONTHS <u>7</u> | 11. DAYS <u>29</u> | 12. HOURS <u>0</u> | 13. MINUTES <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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| 13a. FATHER'S NAME <u>John Moore</u> | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Prowater</u> | 14. NAME OF HUSBAND OR WIFE <u>Alice Moore</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>- - - - -</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Alice Moore</u> | 18. ADDRESS <u>114 Kent Springs</u> |
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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) <u>Uremia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 X</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Generalized arteriosclerosis</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recurrent asthma</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 8-18, 1949 to 3 July, 1950, that I last saw the deceased alive on 3 July, 1950, and that death occurred at 7:59 am., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>George E. Sanders M.D.</u> | 23b. ADDRESS <u>Excelsior Springs, Mo.</u> | 23c. DATE SIGNED <u>5 July 50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/5/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7/5/50</u> | REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard</u> | ADDRESS <u>Excelsior Springs, Mo.</u> |
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD



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 Linde K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.