

FILED AUG 23 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 28261

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>52</u>  |  | PRIMARY REG. DIST. NO. <u>5181</u>   |  | Registrar's No. <u>67</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cap Girardeau</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Cape Gir.</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, AppleCreek</u>   |  | c. LENGTH OF STAY (in this place) <u>Entire Life</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural AppleCreek</u>   |  | OR TOWN <u>0160</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 miles East Oak Ridge</u>   |  |   |  | d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles East Oak Ridge</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>Mary</u>  |  | b. (Middle) <u>Moore</u>   |  | c. (Last) _____   |  |
| 4. DATE OF DEATH  |  | (Month) <u>Aug.</u>   |  | (Day) <u>10.</u>   |  | (Year) <u>1950</u>  |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>  |  | 8. DATE OF BIRTH <u>Sept 20, 1870</u>   |  |
| 9. AGE (In years last birthday) <u>79</u>   |  | UNDER 1 YEAR Months _____ Days _____  |  | IF UNDER 12 HRS. Hours _____ Min. _____  |  |   |  |
| 10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>house keeping</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>   |  |
| 13a. FATHER'S NAME <u>William H. Moore</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Polly Brown</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>David 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>✓</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Chas B. Cridder, Oak Ridge</u>  |  | ADDRESS _____   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Coronary Thrombosis</u>   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>                                      |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u> |  |  |  | <u>Several years</u>  |  |
|   |  | DUE TO (c) _____  |  |  |  |   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                     |  |  |  | <u>4201</u>   |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 20. AUTOPSY?<br>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) _____   |  | 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 <u>2-9</u> , 19 <u>49</u> , to <u>8-7</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 P.m.</u> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE <u>C.F. McDonald, M.D.</u> (Degree or title)   |  |   |  | 23b. ADDRESS <u>Jackson, Mo.</u>   |  | 23c. DATE SIGNED <u>8-14-50</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Aug. 13, 1950</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>CANEY FORK</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Cape Gir. County Mo.</u>           |  |
| DATE REC'D BY LOCAL REG. <u>Aug 14-50</u>   |  | REGISTRAR'S SIGNATURE <u>D. G. Scribner</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. G. Leraux</u>   |  | ADDRESS <u>Jackson, Mo.</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 21 1950

DEPT. OF HEALTH OFFICE N.S.

File No. ....

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 .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*G. C. Cunniff*

Signed.....

Student Embalmer

Licensed Embalmer No. *27327*

P. O. Address *Jackson, 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.