S. No. 300
v. 10.48

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27766

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 275

0804

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Otterville 0270
d. STREET ADDRESS (If rural, give location): No street numbers

3. NAME OF DECEASED (Type or Print)
a. (First): Maud
b. (Middle): Homan
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): 8/18/1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/19/1906
9. AGE (In years last birthday): 44 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Otterville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Richard Homan
13b. MOTHER'S MAIDEN NAME: Maggie Burnett
14. NAME OF HUSBAND OR WIFE: Hugh S. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Hugh S. Moore, Otterville, Mo

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): Shock, Post operative — 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): Carcinoma of uterus — ?
DUE TO (c): Uterus fibroids multiple — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Metastases in lymphatic glands — 174X

19a. DATE OF OPERATION: 8-18-50
19b. MAJOR FINDINGS OF OPERATION: Uterus enlarged nodular - Lymphatic glands on sacrum metastases
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 18, 1950, *to* Aug 18, 1950, *that I last saw the deceased alive on* Aug 18, 1950, *and that death occurred at* 4:45 pm *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas D Osborne MD
23b. ADDRESS: Sedalia - Mo
23c. DATE SIGNED: 8/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/20/1950
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Otterville, Mo

DATE REC'D BY LOCAL REG.: 8/19/50
REGISTRAR'S SIGNATURE: A. F. Campbell, M.D. Goldie Hall Deputy
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jewell Richards, Tipton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8/28/50
DISTRICT HEALTH OFFICE No. 3
District File Number .....
Date Filed 8/28/50

OCT 18 1950

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.

Signed Janelle E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton, Mo

Signed .....
Student Embalmer

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.