

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 1 1951

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6218 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada - Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada-Rural-Dover Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #3 Dover Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route #3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lester</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb. 7 1951</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 29, 1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thompson D. Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Priscilla Lyon</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Moore</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Effie Moore</u>	ADDRESS <u>Nevada Missouri R.R. #3</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>Several months</u> <u>331x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None known</u>			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	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) (Min.) <u>2-7-51 3:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from 2-7, 1951, to 2-7, 1951, that I last saw the deceased alive on 2-7, 1951, and that death occurred at 4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Love MD.</u>	(Degree or title)	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>2-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 10, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-13-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry General Home</u>	ADDRESS <u>Nevada, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 19 1951

Dist. File 257-389

Date Filed 2-19-51

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.

Signed.....
Student Embalmer

Signed [Signature]
Student Embalmer No.....

Licensed Embalmer No. 1760

P. O. Address Nevada 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.