

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15354  
63  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>VERNON</u>	
b. CITY OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harwood, Mo 1080</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Musa</u>		b. (Middle) <u>Emily</u>	
		c. (Last) <u>Moore</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 8 1951</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Mar. 21, 1925</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YEAR Years _____ Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Callaway Co., Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Wm. Petty</u>	
		13b. MOTHER'S MAIDEN NAME <u>Nancy Thorpe</u>	
		14. NAME OF HUSBAND OR WIFE <u>Charles Emmett Moore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Moore</u> ADDRESS <u>Harwood Mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced age</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>480X</u>	
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) (Min) _____	
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>4-6</u> , 19 <u>51</u> , to <u>4-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-8</u> , 19 <u>51</u> , and that death occurred at <u>7 p. m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>W. L. ...</u>		23b. ADDRESS <u>Nevada, Mo.</u>	
23c. DATE SIGNED <u>4-9-51</u>		24. LOCATION (City, town, or county) (State) <u>Walker Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 11, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. VERNON</u>		24d. NAME OF FUNERAL DIRECTOR'S SIGNATURE <u>Clouggom</u> ADDRESS <u>Harwood Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-10-51</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	

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

080

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

RECEIVED APR 16 1951

Dist. File 431-812

Date Filed 4-18-51

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Oliver A. G. Jones

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2709

P. O. Address Harwood 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.