

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15375

State File No.

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4522 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give town) Harwood		c. CITY (If outside corporate limits, write RURAL and give township) Harwood	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED: (Type or Print) a. (First) Charles b. (Middle) Emmett c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) Mar. 28, 1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 30, 1869
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk	11. BIRTHPLACE (State or foreign country) Cedar Springs, Mo.
10b. KIND OF BUSINESS OR INDUSTRY Store clerk		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME David Wesley Moore	13b. MOTHER'S MAIDEN NAME Martha Moore	14. NAME OF HUSBAND OR WIFE Musa Emily Moore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Jo L. Moore ADDRESS Harwood, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Four days Don't know
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced age			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <input checked="" type="checkbox"/> m. <input type="checkbox"/> p.	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 3-24, 1951, to 3-28, 1951, that I last saw the deceased alive on 3-24, 1951, and that death occurred at p. m., from the causes and on the date stated above.

23a. SIGNATURE W. Lovz MA (Degree or title) 0	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 3-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 31-1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Vernon	24d. LOCATION (City, town, or county) (State) Walker, Mo.
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DATE REC'D BY LOCAL REG. Mar 31-1951	REGISTRAR'S SIGNATURE Ms Sarah E Gray 329	25. FUNERAL DIRECTOR'S SIGNATURE Chubberson ADDRESS Harwood, Mo.
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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 APR 17 1951

Dist. File 431-825

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 Chunggonu

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.