No. 300
10.48

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17545

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 181

804 / 1

GILLESPIE FUNERAL HOME

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

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): 60 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 820 W. Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 820 W. Henry 0

3. NAME OF DECEASED (Type or Print)
a. (First): ONIE
b. (Middle): DOUGLAS
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1951

5. SEX: Fe 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 9, 1871
9. AGE (In years last birthday): 79 | 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: ****
11. BIRTHPLACE (State or foreign country): Fulton, Missouri 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Henry Douglas
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: George R. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Harry Moore, Sedalia, 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) Addison's disease. I first saw this patient 5-20-51.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric disturbances, vomiting, diarrhoea, dehydration, asthenia extreme, loss of weight, hypotension, dis-
DUE TO (c) coloration of skin.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile changes.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation. 274X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural death.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No injury.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): xxx xxx xxx
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No injury. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: No injury.

22. *I hereby certify that I attended the deceased from* May, 20, 1951 *19*____, *to* May, 31, 1951 *19*____, *that I last saw the deceased alive on* May, 30, 1951 Nite *and that death occurred at* A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. B. Trader M.D.
23b. ADDRESS: 112 West 4th St. Sedalia, Mo.
23c. DATE SIGNED: June 1, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 2, 1951
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Sedalia, Missouri

DATE REC'D BY LOCAL REG.: June 4, 1951
REGISTRAR'S SIGNATURE: A. Brodie Campbell M.D. Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: O. W. Heckart Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-12-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 6-12-51

AUG 14 1951

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.

Student _____
Student Embalmer

Signed Ow Heckart

Licensed Embalmer No. 3470

P. O. Address Sedalia 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.