

STANDARD CERTIFICATE OF DEATH

State File No. 25925

7-16-51
 FILED JUL 16 1951
 BIRTH NO. REG. DIST. NO. 952 PRIMARY REG. DIST. NO. 4517 Registrar's No. 59

1. PLACE OF DEATH
 a. COUNTY Taney
 b. CITY (If outside corporate limits, write RURAL and give town or township) Branson
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION Spargo Comm. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MO
 b. COUNTY Taney
 c. CITY (If outside corporate limits, write RURAL and give township) Branson
 d. STREET ADDRESS (If rural, give location) 1060

3. NAME OF DECEASED
 a. (First) John
 b. (Middle) David
 c. (Last) Moore
 4. DATE OF DEATH (Month) (Day) (Year)
June 22 1951

5. SEX M
 6. COLOR OR RACE W
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
 8. DATE OF BIRTH Nov 10 1878
 9. AGE (In years) (last birthday) 72
 IF UNDER 1 YEAR: Months 8
 IF UNDER 24 HRS: Days 8
 Hours 8 Mtn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
 10b. KIND OF BUSINESS OR INDUSTRY Merchant
 11. BIRTHPLACE (State or foreign country) France, Mo
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Milton H. Moore
 13b. MOTHER'S MAIDEN NAME Nora L. Moore
 14. NAME OF HUSBAND OR WIFE Annie L. 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. no
 17. INFORMANT'S SIGNATURE OR NAME Annie L. Moore ADDRESS Branson, 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage -
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Diabetes + High Blood Pressure
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 days
10 years

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION 331X
 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) (Min)
 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 6/16, 1951, to 6/21, 1951, that I last saw the deceased alive on 6/21, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE Harry T. Evans (Degree or title) M.D.
 23b. ADDRESS Branson, Mo.
 23c. DATE SIGNED 6/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 24b. DATE 6-25-1951
 24c. NAME OF CEMETERY OR CREMATORY Spark Memorial Park
 24d. LOCATION (City, town, or county) (State) Branson Mo

DATE REC'D BY LOCAL REG. 6-28-51
 REGISTRAR'S SIGNATURE A E Cogswell
 25. FUNERAL DIRECTOR'S SIGNATURE R. O. Whelchel ADDRESS Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

060

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

RECEIVED JUL 5 1957

Dist. File 227-1324

Date Filed 2-12-57

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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Minnie L. Whelchel*

Licensed Embalmer No. 2277

P. O. Address *Brown 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.