

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27734

State File No. _____

FILED SEP 4 1951

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 101

5736
1

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

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fleming</u> b. (Middle) <u>G.</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 23, 1951</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 27, 1884</u>	9. AGE (In years last birthday) <u>66</u>	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) <u>Professor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>College</u>		11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
--	--	--	--	--	--	---	--

13a. FATHER'S NAME <u>John M. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Grace</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Edith Moore</u>			
---	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>046-12-6914</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sarah Moore Neosho, Missouri</u>			
--	--	--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cause of death unknown</u>							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Probable Organic Heart failure</u>					
		DUE TO (c) <u>died very sudden</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Natural Causes</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--

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 Neosho, Mo, 1951, to Aug 23, 1951, and that death occurred at 12:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Orley Thompson</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Neosho Missouri</u>		23c. DATE SIGNED <u>8/24/51</u>	
---	--	-------------------------------------	--	---------------------------------	--

24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 27, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u>	
--	--	--------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG <u>Aug 23, 1951</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Roseman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orley Thompson Neosho, Mo.</u>	
---	--	--	--	--	--

RECEIVED

District Health Officer No: ~~NEWTON~~ COUNTY HEALTH UNIT
District File Number 851-4228
Date Filed 8-31-57

NEOSHO, MISSOURI

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Carley Thompson Jr.

Licensed Embalmer No. 4862

P. O. Address Neosho, 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.