

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**11698**

State File No. \_\_\_\_\_

No. 300  
76.48

**FILED MAR 28 1952**

BIRTH NO. 57 REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 4484 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <b>Commerce</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Commerce</b>	
c. LENGTH OF STAY (in this place) <b>6 years</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOSEPH</b>	b. (Middle) <b>LEE</b>	c. (Last) <b>MOORE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 14, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 19, 1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Days <b>7</b>	IF UNDER 24 HRS. Hours <b>25</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired lawyer &amp; judge</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Legal</b>	11. BIRTHPLACE (State or foreign country) <b>Commerce, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Joseph Harvey Moore</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Elizabeth Hunter</b>	14. NAME OF HUSBAND OR WIFE <b>Julia Haw Moore</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Garland Brickey</b> ADDRESS <b>Commerce Missouri</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Cerebral Hemorrhage</b>		<b>2 1/2 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Marked Arterio sclerosis</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Delma C. Buehler, M.D. Health Officer</b> (Degree or title)	23b. ADDRESS <b>Benton, Missouri</b>	23c. DATE SIGNED <b>3-19-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-17-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Old Hill Cemetery</b>	24d. LOCATION (City, town, or county)* (State) <b>Commerce, Mo</b>
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DATE REC'D BY LOCAL REG. <b>3-20-52</b>	REGISTRAR'S SIGNATURE <b>Maes Allen</b> 395	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wallinghoff Funeral Home</b> ADDRESS <b>Illmo, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 24 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 352-83

**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 *Oliver C. Smith*

Licensed Embalmer No. 4470

P. O. Address Ilmo, 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.