.S. No. 300
EV. 10.48

FILED MAY 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12159

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3001 Registrar's No. 210

0124

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff
c. LENGTH OF STAY (in this place) 60 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1109 Mary St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff 0124
d. STREET ADDRESS (If rural, give location) 1109 Mary St.

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) Wesley c. (Last) MOORE
4. DATE OF DEATH (Month) (Day) (Year) 4/19/1952
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11/25/1875
9. AGE (In years last birthday) 76 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Ekin, Indiana
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Moore
13b. MOTHER'S MAIDEN NAME Elizabeth Clayton
14. NAME OF HUSBAND OR WIFE Dona 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. 499-22-7371
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dona Moore Poplar Bluff, Missouri

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) Carcinoma Urinary Bladder — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (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 180 X
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) m.
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* Jan, 1952, *to* 14 April, 1952, *that I last saw the deceased alive on* 19 April 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE A. H. Brookman (Degree or title) MD
23b. ADDRESS Poplar Bluff, Missouri
23c. DATE SIGNED 25 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/21/1952
24c. NAME OF CEMETERY OR CREMATORY Three Springs Cemetery
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri

DATE REC'D BY LOCAL REG. Apr. 28-1952
REGISTRAR'S SIGNATURE Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 6 1952
BUTLER CO. HEALTH CENTER
FILE No. 552-239

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 Joseph R. Matlock

Signed.....
Student Embalmer

Licensed Embalmer No. 4824

P. O. Address Poplar Bluff, 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.