

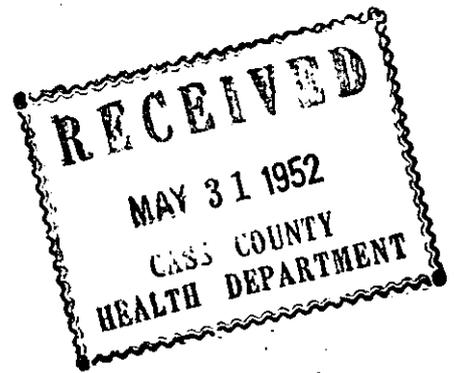
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15837**

FILED JUN 3 1952

BIRTH NO. _____		REG. DIST. NO. <b>69</b>		PRIMARY REG. DIST. NO. <b>4097</b>		Registrar's No. <b>81</b>			
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>					
b. CITY OR TOWN <b>Harrisonville</b>		c. LENGTH OF STAY (in this place) <b>75 yr</b>		c. CITY OR TOWN <b>Harrisonville</b>		0191			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Suburban Home</b>				d. STREET ADDRESS (If rural, give location) <b>Suburban</b>					
3. NAME OF DECEASED (Type or Print) <b>BENJAMIN FRANKLIN MOORE</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>May 24 1952</b>		(Month)		(Day)		(Year)			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>		8. DATE OF BIRTH <b>Mar 3 1867</b>		9. AGE (in years last birthday) <b>85</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborn</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Wilton Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Andrew Moore</b>			13b. MOTHER'S MARDEN NAME <b>Christie Neal</b>			13c. NAME OF HUSBAND OR WIFE <b>Mary Ella Moore</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Glenn W Moore</b> ADDRESS <b>Harrisonville Mo</b>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Sclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
				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 <b>345x</b>						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)		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 <b>Apr 21, 1952</b> , to <b>May 24, 1952</b> , that I last saw the deceased alive on <b>May 23, 1952</b> , and that death occurred at <b>2:00 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>J. S. Triplett M.D.</b> (Degree or title)				23b. ADDRESS <b>Harrisonville, Mo.</b>		23c. DATE SIGNED <b>5-24-52</b>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <b>May 26-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dakland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Harrisonville Mo</b>			
DATE REC'D BY LOCAL REG. <b>May 26 1952</b>		REGISTRAR'S SIGNATURE <b>Dora Barriard</b>		4570		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thunenburgs</b> ADDRESS <b>Harrisonville Mo</b>			

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



**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 Ernest D. Remmenburg

Licensed Embalmer No. 33680

P. O. Address Harmonville, 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.