

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16167

State File No.

FILED MAY 21 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 60

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|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Grundy</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u> | |
| b. CITY (If outside corporate limits, write RURAL, and give township) <u>Trenton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u> <u>0402</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1012 TINDALL AVE</u> | | | |

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|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------|----------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) _____ c. (Last) <u>MOORE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 17, 1952</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 25, 1877</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter & Painter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Kansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|------------------------------------------|--|-------------------------------------------------|--|----------------------------------------------------|--|
| 13a. FATHER'S NAME <u>Frank Moore</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jane Gibson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Libbie Moore</u> | |
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| 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>480-22-2686</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas Moore Clinton Ia.</u> | |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>Do not know</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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 March 17, 1952, to March 17, 1952, that I last saw the deceased alive on March 17, 1952 and that death occurred at 12:45 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. A. Duffly M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Trenton Mo</u> | 23c. DATE SIGNED <u>March 17, 52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar 20/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Wilder Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Mercer County Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3/20/52</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 115-1 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Lineville Ia</u> |
|--------------------------------------------|---------------------------------------------|-------|-----------------------------------------------------------------------------|

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

Amos L. Grunlee

Licensed Embalmer No. *3967*

P. O. Address *Linville, N.C.*

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.