

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17134

State File No.

MAY 19 1952

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 1282 Registrar's No. 44

560

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

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY OR TOWN <u>MONTICELLO</u> c. LENGTH OF STAY (In this place) <u>XXXXXX</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DICKERSON</u> <u>0560</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXX</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>SO. MONTICELLO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u> b. (Middle) <u>P</u> c. (Last) <u>MOORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2 1952</u>		
5. SEX <u>M</u> <u>O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AUG. 31, 1894</u>		9. AGE (In years last birthday) <u>57</u>		10. IF UNDER 1 YEAR Days <u>1</u> IF UNDER 11 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>JAMES MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>KATE BLAKE</u>		14. NAME OF HUSBAND OR WIFE <u>STELLA MOORE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) <u>NO</u> <u>XXXXXXXX</u>		16. SOCIAL SECURITY NO. <u>493-28-7185</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>STELLA MOORE MONTICELLO, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Thrombosis</u>		DUE TO (b) <u>Diabud exercise</u>				1 year	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Cornary Heart</u>				2 1/2 years	
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 <u>4201</u>				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) m.		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 Jan 5, 1951, to April 2, 1952, that I last saw the deceased alive on April 20, 1952 and that death occurred at 8:45 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry L. Mc. Crocker M.D.</u>		23b. ADDRESS <u>La Belle Mo</u>		23c. DATE SIGNED <u>5/5/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN</u>		24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>5/6/52</u>		REGISTRAR'S SIGNATURE - <u>P.W. Johnson, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>LEWISTOWN, MISSOURI</u>	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.