

FILED JUL 14 1952

STANDARD CERTIFICATE OF DEATH

State File No. 20203

390
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 129 PRIMARY REG. DIST. NO. 2201 Registrar's No. 664

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Republic		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Republic	
c. LENGTH OF STAY (In days) 2 yrs		d. STREET ADDRESS (If rural, give location) S. MAIN ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. MAIN ST.		d. STREET ADDRESS (If rural, give location) S. MAIN ST.	
3. NAME OF DECEASED (Type or Print) a. (First) ? b. (Middle) BERTIE c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) July 5, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) MARRIED	8. DATE OF BIRTH JAN. 6, 1881
9. AGE (In years) (Months) (Days) 71 5 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) HOUSEWIFE	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) KIRBYVILLE, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME SAMUEL SWAPP	
13b. MOTHER'S MAIDEN NAME MARY (Unknown)		14. NAME OF HUSBAND OR WIFE Z.T. MOORE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Z.T. MOORE		ADDRESS Republic, Mo	
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 of liver			INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15.61	
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 Mar. 19, 1952 , to July 2, 1952 , that I last saw the deceased alive on July 2, 1952 , and that death occurred at 11:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE R.W. Marshall, D.O.		23b. ADDRESS Billings, Mo.	
23c. DATE SIGNED July 5/52		23d. NAME OF CEMETERY OR CREMATORY Branson Memorial	
23e. LOCATION (City, town, or county) (State) Branson, Mo.		23f. DATE REC'D BY LOCAL REG. 7/7/52	
23g. REGISTRAR'S SIGNATURE Edith Williams		23h. FUNERAL DIRECTOR'S SIGNATURE Max L. Fessett	
23i. ADDRESS Republic, Mo		23j. ADDRESS _____	

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 _____

John A. Mc Nabh

Signed.....
Student Embalmer

Licensed Embalmer No. 4675

P. O. Address Republic, 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.