

STANDARD CERTIFICATE OF DEATH

23883

State File No.

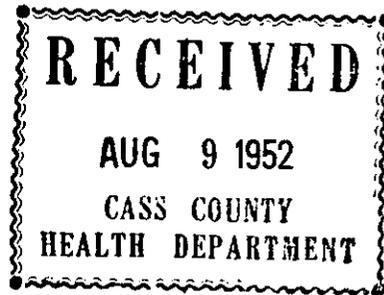
FILED AUG 14 1952

0190

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

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 400 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Cass</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Strasburg</u> c. LENGTH OF STAY (In this place) <u>30yr</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Strasburg, Missouri</u> <u>0190</u> d. STREET ADDRESS (If rural, give location) <u>XXXX</u> <u>6</u>	
3. NAME OF DECEASED a. (First) <u>Jesse</u> b. (Middle) <u>COLUMBUS</u> c. (Last) <u>MOORE</u>		4. DATE OF DEATH <u>July 30, 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>Jan. 16, 1868</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>X</u> Days _____	IF UNDER 22 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Hickory County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jesse Moore</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>XXXX</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Maude Clawson, Strasburg, Missouri</u>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intraabdominal hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma, bladder</u> DUE TO (c) <u>Papilloma bladder</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>1 yr.</u> <u>3 yrs.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>181X</u>	
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 <u>Dec 14, 1949</u> to <u>30 July, 1952</u> ; that I last saw the deceased alive on <u>30 July, 1952</u> , and that death occurred at <u>6:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Ehlers M.D.</u>		23b. ADDRESS <u>Pleasant Hill, Mo.</u>	
23c. DATE SIGNED <u>8-1-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>August 2, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg, Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Strasburg, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday & Ropp, Holden, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 3, 1952</u>		REGISTRAR'S SIGNATURE <u>Dora Barman</u>	



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.....
M. J. Emadon

Signed.....

Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Holden, 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.

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