

STANDARD CERTIFICATE OF DEATH

39408

State File No.

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Mc Donald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mc Donald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u> <u>06-29</u>	
c. LENGTH OF STAY (in this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 22 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>November 29, 1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR: MONTHS <u>11</u> DAYS <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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	11. BIRTHPLACE (State or foreign country) <u>Pattowans Co. Iowa</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Frank L. Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Huffman</u>	14. NAME OF HUSBAND OR WIFE
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Cressley Anderson</u>	ADDRESS <u>Mo</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		<u>3 years</u>
	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	<u>331X</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)
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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?
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22. I hereby certify that I attended the deceased from June, 1950, to Nov 22, 1952, that I last saw the deceased alive on Nov 22, 1952, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Fountain D.O.</u> (Degree or title)	23b. ADDRESS <u>Mo</u>	23c. DATE SIGNED <u>Nov 24 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Larned Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Larned, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>11-24-52</u>	REGISTRAR'S SIGNATURE <u>Mary Huffman</u>	<u>423-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Latum Funeral Home</u>	ADDRESS <u>Clara Mae Cheatham Anderson Mo</u>
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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. 474

working under my personal supervision.

Student Ray P. Adams
Student Embalmer

Signed Doyle Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.