

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41261

State File No.

LED NOV 21 1952

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| BIRTH NO. _____ | | REG. DIST. NO. <u>331</u> | | PRIMARY REG. DIST. NO. <u>4484</u> | | Registrar's No. <u>74</u> | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Commerce</u> c. LENGTH OF STAY (In this place) <u>10 YRS.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Commerce</u> <u>1000</u> d. STREET ADDRESS (If rural, give location) _____ | | | | | | |
| 3. NAME OF DECEASED a. (First) <u>JAMES</u> (Type or Print) b. (Middle) <u>BRYANT</u> c. (Last) <u>MOORE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15, 1952</u> | | | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Feb 20, 1865</u> | | 9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u> IF UNDER 1 HR. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Crittendon County, Ky.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>Gene Moore</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Frances Bellis</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Angelina Ryan</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> | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Annie Moore</u> | | | | ADDRESS <u>Commerce, Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension - Arteriosclerosis</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>151X</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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>October, 1951</u> , to <u>Nov. 15, 1952</u> , that I last saw the deceased alive on <u>Nov. 15, 1952</u> , and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE <u>M. P. Bregan</u> (Degree or title) <u>D.O.</u> | | | | 23b. ADDRESS <u>Benton, Missouri</u> | | | 23c. DATE SIGNED <u>Nov. 17, 1952</u> | | | |
| 24a. BURIAL, CREMATION, REMOVA (Specify) <u>Burial</u> | | 24b. DATE <u>11-17-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u> | | 24d. LOCATION (City, town, or county) (State) <u>Commerce, Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>Nov-17-52</u> | | REGISTRAR'S SIGNATURE <u>39570 Mrs Addie Harris</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bisplinghoff Funeral Home, S. Mo.</u> | | | | | |

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

RECEIVED 17-18-52
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1152-320

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

Oliver Camick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.