No. 300
10.48

143

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41688

State File No.

FILED DEC 16 1952

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 411

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (In this place) 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Auxvasse 0140
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Luther
b. (Middle) Charles
c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) Dec. 8 1952

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 24, 1874

9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (City and State or Foreign Country) Montgomery County Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Don't Know

13b. MOTHER'S MAIDEN NAME Don't Know

14. NAME OF HUSBAND OR WIFE DK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Leo Moore **ADDRESS** Auxvasse 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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic Hypertrophy — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 610X

19a. DATE OF OPERATION 12-5-52

19b. MAJOR FINDINGS OF OPERATION Adenodostoma Hypertrophy of Prostate

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1, 1952, *to* 12-8, 1952, *that I last saw the deceased alive on* 12-7, 1952, *and that death occurred at* 7 Am m., *from the causes and on the date stated above.*

23a. SIGNATURE John J. Brown (Degree or title) MD

23b. ADDRESS Fulton

23c. DATE SIGNED 12-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 16, 1952

24c. NAME OF CEMETERY OR CREMATORY Unity Cemetery

24d. LOCATION (City, town, or county) Callaway County Mo. (State)

DATE REC'D BY LOCAL REG. Dec. 13-1952

REGISTRAR'S SIGNATURE Maretta Lawrence 426-0

25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home **ADDRESS** Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton 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.