

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17838**

FILED MAY 18 1953

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5506		Registrar's No. 126			
1. PLACE OF DEATH a. COUNTY HENRY 0420				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Garland mo		c. LENGTH OF STAY (In this place) 1 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas city mo		3128			
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton RPH, Tup.				d. STREET ADDRESS (If rural, give location) 716 mc Gee 1.					
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) OSCAR		c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) 5-9-1953			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH 11/9/1893			
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY 4218-04		11. BIRTHPLACE (City and State or Foreign Country) Texas			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME DAVID MOORE		13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE LUCILE ANNE MOORE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no		17. INFORMANT'S SIGNATURE OR NAME Mrs Edith Hamilton		ADDRESS KE 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/201				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) (Min.)		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 _____, 19____, to 5-9 , 19 53 , that I last saw the deceased alive on POA , 19____, and that death occurred at 7:30P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. O. Powell M.D. Coronar				23b. ADDRESS Clinton mo		23c. DATE SIGNED 5-10-53			
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/10/53		24c. NAME OF CEMETERY OR CREMATORY KE mo		24d. LOCATION (City, town, or county) (State) KE mo			
DATE REC'D BY LOCAL REG. May 12-53 Florence Adair		REGISTRAR'S SIGNATURE J. E. Conroy		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conroy		ADDRESS Clinton 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

J. E. Consolet

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.