

FILED JAN 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 2027

BIRTH NO. 124 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5757 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Madison				
b. CITY (If outside corporate limits, write RURAL and give township) Rural St. Michaels Twp.		c. LENGTH OF STAY (In this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural St. Michaels Twp.		d. STREET ADDRESS (If rural, give location) Rt. #2 Fredericktown 0620		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #2 Fredericktown				d. STREET ADDRESS (If rural, give location) Rt. #2 Fredericktown 0620				
3. NAME OF DECEASED (Type or Print) a. (First) Gilford			b. (Middle) Laverian		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 28, 1872	9. AGE (In years, last birthday) 81	IF UNDER 1 YEAR Months 4	IF UNDER 10 HRS. Days 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Bollinger County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Moore			13b. MOTHER'S MAIDEN NAME Mary Hahn		14. NAME OF HUSBAND OR WIFE Rebecca Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Moore Fredericktown, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old Age				INTERVAL BETWEEN ONSET AND DEATH 14 days
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchopneumonia				
				DUE TO (c) none				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X						
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 <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 11-27-53, 1953, to 1-14-54, 1954, that I last saw the deceased alive on Jan. 14, 1954, and that death occurred at 6:04A m., from the causes and on the date stated above.								
23a. SIGNATURE B.A. Michaelis, M.D.				(Degree or title) M.D.		23b. ADDRESS 135 South Mine La Motte Fredericktown, Missouri		
23c. DATE SIGNED 1-18-54								
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/17/54		24c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Madison Co. Mo.		
DATE REC'D BY LOCAL REG. 1-18-1954		REGISTRAR'S SIGNATURE Clarence Moore		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Najim Funeral Home Fredericktown, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JAN 25 1955
REGISTERED

FILE No. 154-4

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 *Charles M. Hartig*

Signed.....
Student Embalmer

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.