

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **6587**
Registrar's No. **0901**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2189 | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST. LOUIS | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 1105a Tower Grove ave. | | e. STREET ADDRESS (If rural, give location) 1105a Tower Grove ave. | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) LOTTIE | b. (Middle) JANE | c. (Last) MOORE | 4. DATE OF DEATH (Month) (Day) (Year) 1-28-54 |
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|--------------------------------|--|---|---|---|---------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 5. SEX female | 6. COLOR (R RACE) white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 3-20-1875 | 9. AGE (In years last birthday) 78 | # UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and State or Foreign Country) Wayne County, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Henry Barnhart | 13b. MOTHER'S MAIDEN NAME Barbarba Colman | 14. NAME OF HUSBAND OR WIFE John Moore |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mabel Sexton | ADDRESS 2139 Cass ave. |
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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 5 year 2 day 12 min |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart dis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pul. Embolism DUE TO (c) Chronic heart failure | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4200 |
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22. I hereby certify that I attended the deceased from Jan 1952 to Jan 6, 1954, that I last saw the deceased alive on Jan 6, 1954, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE H. K. Roberts M.D. | 23b. ADDRESS 110 S. Central, Clayton | 23c. DATE SIGNED 1-28-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 1-28-54 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. |
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| DATE REC'D BY LOCAL REG. JAN 29 1954 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Greer-Croy-Fitch | ADDRESS Pop. Bluff, Mo. |
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(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.....
Signature of Student Embalmer

Signed.....

J. Allen Rouse

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.