

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14810

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5051 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cuivre Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2 1/2 miles west of Vandalia		d. STREET ADDRESS (If rural, give location) 0820	

3. NAME OF DECEASED (Type or Print) Cornellia	a. (First) Nellie	b. (Middle) Moore	c. (Last) Moore	4. DATE OF DEATH (Month) (Day) (Year) May 8, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov 3 1873	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 6	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bowling Green Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charley Moore	13b. MOTHER'S MAIDEN NAME Elizabeth Hapt	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Edward P. Moore	ADDRESS Bowling Green Mo
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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 Coroner's inquest with jury. accidental death. Deceased was found dead in a 2-car automobile wreck on highway 54 west of Vandalia. History of a cardiac condition. Also 2 fatal wounds, fractured neck and crushed chest. Death was an accident.		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Fractured neck & crushed chest	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) 2 1/2 miles west of Vandalia	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Cuivre Audrain Missouri
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21d. TIME OF INJURY 4 PM, May 8, 1954	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile wreck
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased on May 8, 1954, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE E. Adams M.H. Coroner	(Degree or title) 3	23b. ADDRESS Mexico, Missouri	23c. DATE SIGNED 5/8/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 10 1954	24c. NAME OF CEMETERY OR CREMATORY Astrach	24d. LOCATION (City, town, or county) (State) Pike Co Mo
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DATE REC'D BY LOCAL REG. May 10 1954	REGISTRAR'S SIGNATURE Thelma Fugard	25. FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead	ADDRESS Bowling Green Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 & NOV
OCT 21 1961

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 William B. Natus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.