

FILED JUN 15 1954

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **16900**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **4411** Registrar's No. **27**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>PIKE</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write ROR and give township) OR TOWN <b>Bowling Green</b>		c. CITY (If outside corporate limits, write ROR and give township) OR TOWN <b>Bowling Green 820</b>	
* d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Edward Buford MOORE</b> a. (First) b. (Middle) c. (Last)			<b>4. DATE OF DEATH</b> <b>JUNE 8 1954</b> (Month) (Day) (Year)					
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b> <b>Apr 6 1875</b>	<b>9. AGE</b> (In years last birthday) <b>79</b>	<b>9. AGE</b> (Under 1 year) (Months) <b>2</b>	<b>9. AGE</b> (Under 1 year) (Days) <b>2</b>	<b>9. AGE</b> (Under 1 year) (Hours)	<b>9. AGE</b> (Under 1 year) (Min.)
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Prespeering</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>PIKE CO MO</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		
<b>13a. FATHER'S NAME</b> <b>Charles Moore</b>			<b>13b. MOTHER'S MARDEN NAME</b> <b>Elizabeth Hall</b>			<b>14. NAME OF HUSBAND OR WIFE</b>		

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Walter R. Witten</b>	<b>ADDRESS</b> <b>Bowling Green</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>7 weeks</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>331 X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from **Mar 6**, 19**45**, to **June 8**, 19**54**, that I last saw the deceased alive on **June 7**, 19**54**, and that death occurred at **7:15 A m.**, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>James R. Brien M.D.</b>	<b>23b. ADDRESS</b> <b>Bowling Green, Mo.</b>	<b>23c. DATE SIGNED</b> <b>6/10/54</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>June 10 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Antioch</b>
<b>24d. LOCATION (City, town, or county) (State)</b> <b>Pike Co. MO</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Grace Parkhead</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>6-12-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Bill Robinson</b> <b>254</b>	<b>ADDRESS</b> <b>Bowling Green</b>

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

820

2nd

**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 \_\_\_\_\_

*Harold Kump*

Licensed Embalmer No. 4597

P. O. Address Banling Street

**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.