

29932

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 499

Registrar's No. 499

BIRTH NO. 51011-54 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN Neelyville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			e. STREET ADDRESS (If rural, give location) Route 1		
3. NAME OF DECEASED (Type or Print) a. (First) Ronny b. (Middle) Glenn c. (Last) Moore			4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 5, 1954	9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Neelyville, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Daniel Moore		13b. MOTHER'S MAIDEN NAME Mabel Willis		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Daniel Moore		ADDRESS Neelyville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastric enteritis + ANTECEDENT CAUSES Bilateral Bronchitis pneumonia DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 Da.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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)		7630	
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 9-16-54 to 9-19-54 , that I last saw the deceased alive on 9-19-54 , 19 54 , and that death occurred at 12:45 PM , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Arthur C. Parker, M.D.			23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 10/1/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Hitt Cemetery	24d. LOCATION (City, town, or county) (State) Success, Arkansas		
DATE REC'D BY LOCAL REG. 10/2/54	REGISTRAR'S SIGNATURE R. M. Moore		25. FUNERAL DIRECTOR'S SIGNATURE Richard A. Emert		ADDRESS Corning, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FILED OCT 7 1954

RECEIVED
OCT 4 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____ Me _____ Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Richard O. Emmer*

Licensed Embalmer No. 78

P. O. Address Corning, .. A

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.