No. 300
10.48

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

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38342

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowling Green
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike Co. Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN: Bowling Green
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0821 D

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): JANE
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): Nov. 29 1954

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 11 1874
9. AGE (In years last birthday): 80
If under 1 year: Months: 1 Days: 18
If under 1 day: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Pike Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: John F Parsons
13b. MOTHER'S MAIDEN NAME: Lucy Jane Edwards
14. NAME OF HUSBAND OR WIFE: Eugene Moore

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.: no
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS?: Franklin P. Moore Bowling Green 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Embolic — INTERVAL BETWEEN ONSET AND DEATH: 5 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19 40, *to* 11 30, 19 54, *that I last saw the deceased alive on* 11-30, 19 54 *and that death occurred at* 11 5 *m., from the causes and on the date stated above.*

23a. SIGNATURE: J.M. Mathews (Degree or title): D O
23b. ADDRESS: Bowling Green Mo
23c. DATE SIGNED: 12-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 1-1954
24c. NAME OF CEMETERY OR CREMATORY: Mox Creek
24d. LOCATION (City, town, or county) (State): Pike Co. Mo

DATE REC'D BY LOCAL REG.: 12-6-54
REGISTRAR'S SIGNATURE: Bill Robinson 254
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Grace Davis Funeral Home Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Harold Kirk.....

Licensed Embalmer No. 455

P. O. Address Bowling

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.