No. 300
10.48

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

397

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Callaway 2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton, Mo.
c. LENGTH OF STAY (In this place): 8 Mo. 10 Da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #1, Fulton, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN: Green Castle, Mo.
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): none 1050

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): F. (Mollie)
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): January 11, 1955.

5. SEX: Female.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 23, 1862
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 3, Days 18 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Benjamin Burkett
13b. MOTHER'S MAIDEN NAME: Oneida Wright.
14. NAME OF HUSBAND OR WIFE: Mack M. Moore.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: D.K.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Records of State Hospital #1, Fulton, 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) Chronic Myocarditis. — INTERVAL BETWEEN ONSET AND DEATH: D.K.

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: none
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES [ ] NO [X]
21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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* June 15, 1954, *to* January 11, 1955, *that I last saw the deceased alive on* Jan. 11, 19____, *and that death occurred at* 11:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Miller M.D. by F.M.
23b. ADDRESS: State Hospital #1, Fulton, Mo.
23c. DATE SIGNED: 1-11-55.
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 13-1955
24c. NAME OF CEMETERY OR CREMATORY: Green Castle
24d. LOCATION (City, town, or county) (State): Green Castle MO
DATE REC'D BY LOCAL REG.: Jan. 12-1955
REGISTRAR'S SIGNATURE: Marietta Lawrence 426-
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Glenn E Kent & Son Green City MO

(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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Greenville

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