

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1475**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage)		c. LENGTH OF STAY (in this place) 55 yrs	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 McCune-Brooks hospital		STREET ADDRESS (If rural, give location) Route 3 0490/	
3. NAME OF DECEASED (Type or Print) a. (First) MONTIE		b. (Middle) ELLA	
		c. (Last) MOOREHOUSE	
4. DATE OF DEATH (Month) (Day) (Year) 2 Jan 23, 1955			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan 22, 1882
		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Laclede County, Mo.
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Evans		13b. MOTHER'S MAIDEN NAME Julia Branaum	
		14. NAME OF HUSBAND OR WIFE Andy Moorehouse	
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 Louie Evans ADDRESS Rte 2, Carthage, 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) Carcinoma of Breast INTERVAL BETWEEN ONSET AND DEATH 3 years 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. 170X	
19a. DATE OF OPERATION 3-5-53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast with Metastases to Axillary lymph Nodes	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 2-9 , 1953, to 1-23 , 1955, that I last saw the deceased alive on 1-23 , 1955, and that death occurred at 11:15a m., from the causes and on the date stated above.			
23a. SIGNATURE Paul H. Birman (Degree or title) M.D.		23b. ADDRESS 121 West 4th, Carthage, Mo.	
		23c. DATE SIGNED 1-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 25, 1955	
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri	
DATE REC'D BY LOCAL REG. 1-24-55		REGISTRAR'S SIGNATURE EM Clinton 137-0	
		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary ADDRESS Carthage, Mo	

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

Date Filed FEB 9 / 1954

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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 O. W. ISBELL, Student Embalmer No. 500 working under my personal supervision.

Student O. W. Isbell
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, M

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.