

0.300
0.48

290

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7681**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5338** Registrar's No. **55-23**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Polk Twp		c. LENGTH OF STAY (in this place) yrs	c. CITY OR TOWN Rural Polk Twp
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Everton # 1		STREET ADDRESS (If rural, give location) Everton # 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Bertie	b. (Middle) Otis	c. (Last) Moore	Mar 27, 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 7, 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Days 4 YEAR 20 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Iberia Mo	12. CITIZEN OF WHAT COUNTRY? usa	

13a. FATHER'S NAME Edward Moore	13b. MOTHER'S MAIDEN NAME Millie Moore	14. NAME OF HUSBAND OR WIFE Millie Moore
--	---	---

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 Mrs Millie Moore	ADDRESS Everton Mo rtl
---	-------------------------------------	---	-------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema DUE TO (c) Asthma		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION injection	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., bar or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **3-26, 1955**, to **3-27, 1955**, that I last saw the deceased alive on **3-26, 1955**, and that death occurred at **2:30a** m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Canada MD (Degree or title)	23b. ADDRESS Greenfield Mo	23c. DATE SIGNED 3-28-55
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Wetzel	24d. LOCATION (City, town, or county) (State) Dade Co Mo
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. 3-29-55	REGISTRAR'S SIGNATURE J. C. Canada	25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison	ADDRESS Greenfield 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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W.P. Allison*.....

Licensed Embalmer No. *44*.....

P. O. Address *Greenville*.....

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.