

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8661

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 49

530
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon Rural</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Lebanon Rural</u>	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 <u>Rural Route 1</u>		STREET ADDRESS (If rural, give location) <u>Rural Route 1</u> <u>0530</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jeannie Lucille</u>	b. (Middle) <u>Moore</u>	c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 30 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb. 23, 1949</u>	9. AGE (In years last birthday) <u>6</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Lester Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille Martin</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Moore</u> ADDRESS <u>Lebanon Rte 1</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture + head lacerations</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Conditions contributing to the death but not related to the disease or condition causing death.	
DUE TO (b) <u>Crushed left leg and internal injuries</u>		DUE TO (c) <u>Car accident (hit by car)</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4 mi. S. Lebanon, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Lebanon R.R. 1</u> (COUNTY) <u>Laclede</u> (STATE) <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 30 1955 4:45 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>hit by car while going home from school</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Stanley P. Palmer</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>3/31/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lonesome Hill Cemetery near Phillipsburg Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. <u>4-3-1955</u>	REGISTRAR'S SIGNATURE <u>W.E. Holman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u> ADDRESS <u>Lebanon, Mo.</u>	

Received 4-9-53-
Laclede County Health Unit
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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Dorsey M. Howe*
Licensed Embalmer No. 422
P. O. Address *Lebanon*

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.