

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

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. H083 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CARROLL	
b. CITY (If outside corporate limits, write RURAL and give township) DEWITT		c. CITY (If inside corporate limits, write RURAL and give township) DEWITT	
c. LENGTH OF STAY (In this place) 2 YRS		d. STREET ADDRESS (If rural, give location) LOCAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print) a. (First) EBB	b. (Middle)	c. (Last) MOORE	4. DATE OF DEATH (Month) (Day) (Year) 8 3 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-27-1874	9. AGE (In years last birthday) 81	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (State or foreign country) CHARITON Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME THOS. MOORE	13b. MOTHER'S MAIDEN NAME NARCIS PIGGIN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. MISSOURI	17. INFORMANT'S SIGNATURE OR NAME MRS. EBB MOORE	ADDRESS DEWITT Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		UNKNOWN
	DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 2, 1955** to **Aug 2, 1955**, that I last saw the deceased alive on **Aug 2, 1955** and that death occurred at **11:30 a.m.**, from **trauma** and on the date stated above.

23a. SIGNATURE Ernest C. Rice M.D.	(Degree and title)	23b. ADDRESS Brinswick Mo	23c. DATE SIGNED Aug. 55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-5-1955	24c. NAME OF CEMETERY OR CREMATORY McSULLOUGH	24d. LOCATION (City, town, or county) (State) TRIPLETT Mo
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DATE REC'D BY LOCAL REG. Aug 8-55	REGISTRAR'S SIGNATURE Pearl Koch	25. FUNERAL DIRECTOR'S SIGNATURE L. Meisner	ADDRESS Brinswick Mo
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AUG 23 1955

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
Student Embalmer

Signed L. W. Marshall

Licensed Embalmer No. 823

P. O. Address Princeton, N. J.

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 this body is not embalmed, fact should be so stated above.