

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2287

State File No.

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5935 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Sedalia Tshp.		c. LENGTH OF STAY (in this place) 52 yrs	c. CITY OR TOWN Rural Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION 42nd & Kentucky		STREET ADDRESS (If rural, give location) Rural, Sedalia Township 2 Mi. South	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) W.	c. (Last) MOORE
4. DATE OF DEATH (Month) (Day) (Year) Feb 3, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 6, 1875
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe fitter		10b. KIND OF BUSINESS OR INDUSTRY RR MKT Shops	11. BIRTHPLACE (City and State or Foreign Country) Otterville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Azor Moore		13b. MOTHER'S MAIDEN NAME Elizabeth North	14. NAME OF HUSBAND OR WIFE Grace Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Moore, Sedalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Suppression of Urine.		INTERVAL BETWEEN ONSET AND DEATH 16 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Uremia. About ten days.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Cardio-Vascular Disease. Over 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Medical treatment only.	20. AUTOPSY? 4221 YES <input type="checkbox"/> NO <input type="checkbox"/>
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) None.	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 Over 2 yrs , to Febr. 3rd, 1956 , that I last saw the deceased alive on Febr. 3rd, 1956 , and that death occurred at 3:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Jno. B. Carlisle, M.D.		23b. ADDRESS (Degree or title) Sedalia, Missouri.	23c. DATE SIGNED 2-4-56.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/6/56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
DATE REC'D BY LOCAL REG. 2-6-56		REGISTRAR'S SIGNATURE Lurine Coontz	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Sedalia, Mo.

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

(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. 578 working under my personal supervision..

Student *Donald R. Bellinger*
Signature of Student Embalmer

Signed *P. E. Baker*

Licensed Embalmer No. 241

P. O. Address *See all*

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.