

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3676

State File No.

BIRTH NO.		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Monroe</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (In this place) <u>52 DAYS</u>		c. CITY OR TOWN <u>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>LAUGHLIN HOSPITAL</u>				STREET ADDRESS <u>5 Miles south of Lentner Woodlawn Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MERTON</u>		b. (Middle) <u>THOMAS</u>		c. (Last) <u>MOORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 13. 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 28, 1892</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Henry Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Eppa Damrell</u>		14. NAME OF SPOUSE OR WIFE <u>Lena Dungan Moore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-40-1737</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Merton Moore - RFD Lentner, Mo.</u>			
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) <u>EMACIATION AND DEBILITATION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MALIGNANT CHORDOMA OF LUMBO-SACRAL AREA WITH METASTASIS TO LIVER, LUNGS</u> DUE TO (c) <u>PELVIS. ETC</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>193x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 WEEKS SINCE 10-18-54</u>	
19a. DATE OF OPERATION <u>1-5-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Excision of Recurrent Lumbo-sacral chordoma</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 <u>12-22, 1955</u> to <u>2-13, 1956</u> , that I last saw the deceased alive on <u>2-13, 1956</u> and that death occurred at <u>4:48 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Earl Laughlin, M.D.</u>				23b. ADDRESS <u>Starkville, Mo</u>		23c. DATE SIGNED <u>2-13-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-16-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. Hays</u>		ADDRESS <u>Shelbina, Mo.</u>	

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

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. 4461

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina,

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.