

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8850

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 44

|                                                                                             |  |                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Grundy</u>                                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>Cedar</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> |  | c. CITY OR TOWN <u>El Dorado Spgs</u>                                                                                               |  |
| c. LENGTH OF STAY (in this place) <u>Few Hrs</u>                                            |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ashbrooks 602 E 9<sup>th</sup> St</u>            |  | STREET ADDRESS (If rural, give location) <u>None</u>                                                                                |  |

|                                                                 |                   |                        |                                                              |
|-----------------------------------------------------------------|-------------------|------------------------|--------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>FANNIE</u> | b. (Middle) _____ | c. (Last) <u>MOORE</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>MAY. 14 1956</u> |
|-----------------------------------------------------------------|-------------------|------------------------|--------------------------------------------------------------|

|                                                                                                              |                               |                                                                       |                                      |                                                                            |                                |                                            |
|--------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------|--------------------------------|--------------------------------------------|
| 5. SEX <u>FEMALE</u>                                                                                         | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Sept 3, 1895</u> | 9. AGE (In years less birthday) <u>80</u>                                  | IF UNDER 1 YEAR<br>Months Days | IF UNDER 2 HRS.<br>Hour Min.               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____                               |                                      | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dorcas Co., Ill.</u> |                                | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

|                                              |                                                   |                                             |
|----------------------------------------------|---------------------------------------------------|---------------------------------------------|
| 13a. FATHER'S NAME <u>George W. Hardwick</u> | 13b. MOTHER'S MAIDEN NAME <u>Harriet Brussman</u> | 14. NAME OF HUSBAND OR WIFE <u>Ed Moore</u> |
|----------------------------------------------|---------------------------------------------------|---------------------------------------------|

|                                                                                                                    |                                   |                                                        |                            |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chas Dye</u> | ADDRESS <u>Trenton, MO</u> |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------|----------------------------|

|                                                                                                                                                                                                                               |                                                                                                                                                                        |  |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Acute Coronary Thrombosis</u>                                                                                |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 minutes</u> |
|                                                                                                                                                                                                                               | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                                       |
|                                                                                                                                                                                                                               | II. OTHER SIGNIFICANT CONDITIONS<br>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 checked="" 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)<br><u>H281</u> |
|------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------|

|                                                              |                                                                                                        |                                  |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|
| 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 May 14<sup>th</sup> 1956, to May 14<sup>th</sup> 1956, that I last saw the deceased alive on May 14<sup>th</sup> 1956, and that death occurred at 8:17 m., from the causes and on the date stated above.

|                                                                                       |                                |                                     |
|---------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>Oliver F. Duffly MD</u> (Degree or title) (Date) <u>May 14 1956</u> | 23b. ADDRESS <u>Trenton MO</u> | 23c. DATE SIGNED <u>Mar 16 1956</u> |
|---------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|

|                                                         |                            |                                                         |                                                                         |
|---------------------------------------------------------|----------------------------|---------------------------------------------------------|-------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>3-18-1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Brit Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Dorcas MO MISSOURI</u> |
|---------------------------------------------------------|----------------------------|---------------------------------------------------------|-------------------------------------------------------------------------|

|                                         |                                        |                                                           |                            |
|-----------------------------------------|----------------------------------------|-----------------------------------------------------------|----------------------------|
| DATE REC'D BY LOCAL REG. <u>3-16-56</u> | REGISTRAR'S SIGNATURE <u>Gene Fair</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert Blackmore</u> | ADDRESS <u>Trenton, 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..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harold L. Robert*.....

Licensed Embalmer No. *4920*.....

P. O. Address *Linton, N.C.*.....

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.