

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15972**

FILED JUN 14 1956

BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **5418** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY DUNKLIN b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Cotton Hill c. LENGTH OF STAY (in this place) 50YRS d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 2 Malden residence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Dunklin c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cotton Hill Township d. STREET ADDRESS (If rural, give location) Route 2 2Miles N. Malden	
3. NAME OF DECEASED (Type or Print) William Monroe Moore		4. DATE OF DEATH (Month) (Day) (Year) June 5 1956	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 6, 1877
9. AGE (In years) (Month) (Days) (If under 1 year: Hours) (Min.) 78		11. BIRTHPLACE (City and State or Foreign Country) Waverley, Tenn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY farmer	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Steve Moore	
13b. MOTHER'S MAIDEN NAME LIZZIE OBAR		14. NAME OF HUSBAND OR WIFE Alma Eaker Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			

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>Internal hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Small Stones</u> DUE TO (c) <u>Chalocystitis & Hepatitis Gallbladder</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chalocystitis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 584X	
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) _____	
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 <u>May 2nd 1956</u>, to <u>June 5, 1956</u>, that I last saw the deceased alive on <u>June 4, 1956</u>, and that death occurred at <u>1:10A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. S. Davis M.D.</u>		23b. ADDRESS <u>Westerwood</u>	
23c. DATE SIGNED <u>6-8-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 6, 1956		24c. NAME OF CEMETERY OR CREMATORY STEVENS	
24d. LOCATION (City, town, or county) (State) R-2 MALDEN, MO.		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	
DATE REC'D BY LOCAL REG. 6-9-56		REGISTRAR'S SIGNATURE <u>J. S. Scherman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Day Funeral Home</u>		ADDRESS <u>Malden, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COU

DEPARTMENT 6-

COUNTY FILE NUMBER

JUN 24 1953

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

J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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