

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4501 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield		c. CITY OR TOWN Bloomfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) yrs.		e. STREET ADDRESS (If rural, give location) 102⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION At family home			

3. NAME OF DECEASED (Type or Print) a. (First) ORVILLE b. (Middle) E. c. (Last) MOORE			4. DATE OF DEATH (Month) (Day) (Year) May 17, 1956		
5. SEX M.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 17, 1910	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 2 Days --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Lumber Yard		10b. KIND OF BUSINESS OR INDUSTRY E.C. Robinson	11. BIRTHPLACE (City and State or Foreign Country) Bloomfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Benjamin Moore	13b. MOTHER'S MAIDEN NAME Zella Whitledge	14. NAME OF HUSBAND OR WIFE Mabel Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. 490 01 3529	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mabel Moore, Bloomfield, 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		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic Heart Disease DUE TO (b) _____ DUE TO (c) _____		
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 4200	20. AUTOPSY? YES <input 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) (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 5-7, 1956, to 5-17, 1956, that I last saw the deceased alive on 5-17, 1956, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Stephen Packer M.D. (Degree or title)	23b. ADDRESS Bloomfield, Mo.	23c. DATE SIGNED 5-22-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20-56	24c. NAME OF CEMETERY OR CREMATORY Bloomfield cem.
		24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.

DATE REC'D BY LOCAL REG. 5-31-56	REGISTRAR'S SIGNATURE Lois E. Mooney	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UNDERTAKING CO. ADDRESS Bloomfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1957

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, & by Lulu Cooper 3499, ~~Student Embalmer No. X~~

~~working under my personal supervision~~

Student.....
Signature of Student Embalmer

Signed Juan B. Cooper
.....

Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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.