

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22474**

FILED JUL 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **3072** Registrar's No. **116**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). --a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Marshall</b>		c. CITY OR TOWN <b>Napton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>4 days</b>		e. STREET ADDRESS (If rural, give location) <b>4 miles N.E. of Napton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Charles</b>	a. (First)	b. (Middle) <b>Earl</b>	c. (Last) <b>Moore</b>	4. DATE OF DEATH <b>July 11th, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 21, 1879</b>	9. AGE (In years Last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saline County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Q. Moore</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Ann Hansbro</b>	14. NAME OF HUSBAND OR WIFE <b>Sara Rena Moore</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>495-40-4230</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs C.E. Moore, Napton, Mo.</b>	ADDRESS <b>Route No. 1</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>C.G. of Kidney.</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	<b>180 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **July 7, 1956**, to **July 11, 1956**, that I last saw the deceased alive on **July 10, 1956**, and that death occurred at **3 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. L. Lawless M.D.</b> (Degree or title)	23b. ADDRESS <b>Marshall Mo</b>	23c. DATE SIGNED <b>7-11-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 13, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-12-56</b>	REGISTRAR'S SIGNATURE <b>Cecil J. Read</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>	ADDRESS <b>MARSHALL, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

528

MAR 12 1958

MAR 19 1958

**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... *James H. Lewis Jr.* .....

Licensed Embalmer No. *4709* .....

P. O. Address *Marshall* .....

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.