

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24251

BIRTH NO. _____		REG. DIST. NO. 167		PRIMARY REG. DIST. NO. 4256		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		c. LENGTH OF STAY (In this place) 1 week		c. CITY OR TOWN Blairstown		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 Holden Hospital and Clinic				e. STREET ADDRESS (If rural, give location) 0420			
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) Amos		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) July 8, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 25, 1881	
9. AGE (In years by birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (City and State or Foreign Country) Quick City, Missouri		12. CITIZEN OF WHAT COUNTRY? Yes	
13a. FATHER'S NAME Bascomb B. Moore		13b. MOTHER'S MAIDEN NAME Ruth Adeline Brown		14. NAME OF HUSBAND OR WIFE Lula Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lula Moore Blairstown, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) Blairstown		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 Jan 1, 1956 to 7-8-56 1956, that I last saw the deceased alive on 7-8-56, 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. W. Moreland				23b. ADDRESS Holden, Mo.		23c. DATE SIGNED 7-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1956		24c. NAME OF CEMETERY OR CREMATORY Blairstown		24d. LOCATION (City, town, or county) (State) Blairstown, Missouri	
DATE REC'D BY LOCAL REG. July 12, 1956		REGISTRAR'S SIGNATURE Mrs. H. J. Redford		25. FUNERAL DIRECTOR'S SIGNATURE C. A. Conroy & Popp		ADDRESS Holden, Mo.	

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

JUL 23 1958

RECEIVED
JUL 17 1958
JOHNSON COUNTY HEALTH DEPT

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 *Samuel B. Popp*

Licensed Embalmer No. *4044*

P. O. Address *Halden, TN*

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.