

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 12 1956

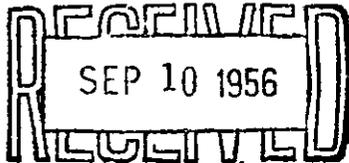
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27613
STATE FILE NUMBER

Registration District No. 806 Primary Registration District No. 3012 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison				
b. CITY (If outside corporate limits, give TOWNSHIP only) Fredericktown			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fredericktown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 410 E. College			Length of stay in lb 3 years	d. STREET ADDRESS (If outside, give location) 410 E. College			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Ashbe First Moore Last				4. DATE OF DEATH Sept. 2, 1956 Month Sept. Day 2 Year 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 14, 1887		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 7 Days 18	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bollinger County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME W. Eli Moore				14. MOTHER'S MAIDEN NAME Nancy 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 M.M. Moore Address - Fredericktown, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Arteriosclerotic heart Disease					yes	
	DUE TO (c)	Generalized Arteriosclerosis.					yes	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Fredericktown, Missouri		20g. COUNTY Madison		20h. STATE Missouri
21. I attended the deceased from April 26, 1956 , to Sept 2, 1956 and last saw her him alive on Sept 2, 1956 Death occurred at 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Charles E. Michaelis, MD				22b. ADDRESS Fredericktown, Missouri			22c. DATE SIGNED Sept 3, 1956	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 4, 1956	23c. NAME OF CEMETERY OR CREMATORY Old Trace Creek Cemetery		23d. LOCATION (City, town, or county) (State) Bollinger County, Mo.			
24. FUNERAL DIRECTOR A. Adanson - FREDERICKTOWN, MO ADDRESS 74-1956				25. DATE RECD. BY LOCAL REG. 74-1956		26. REGISTRAR'S SIGNATURE Harmon Hicks		

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 95641

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 Raymond B. Wilson

Licensed Embalmer No. 484

P. O. Address Fredericktown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Embalsmation
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.