

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 17 1956

STATE FILE NUMBER **33280**
REGISTRAR'S NO. **503**

Registration District No. **43** Primary Registration District No. **5138**

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wayne			
b. CITY (If outside corporate limits, give town or village name) OR TOWN Williamsville Rt. 1 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN Williamsville Rt. 1 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Williamsville Rt. 1				Length of stay in lb 15 yrs.		d. STREET ADDRESS Williamsville, Mo.	
3. NAME OF DECEASED (Type or print) WILLIAM NATHANIEL PATRICK MOORE				4. DATE OF DEATH Oct 10-10-56		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 30, 1883		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Wayne County, Mo.	
13. FATHER'S NAME Boot Moore				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Lou Moore RR#1 Williamsville, Missouri	
18. CAUSE OF DEATH [Enter only one cause for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____						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 _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION _____		20g. COUNTY _____ STATE _____		
21. I attended the deceased from 25 May 56 to 10 Oct 56 and last saw ^{her} him alive on 25 May 56 . Death occurred at D.O.A. 9:00p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) D. Brookneron MD				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 13 Oct 56	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 10-11-56		23c. NAME OF CEMETERY OR CREMATORY _____		23d. LOCATION (City, town, or county) (State) Piedmont, Mo.	
24. FUNERAL DIRECTOR ADDRESS Coder Funeral Home Piedmont, Mo.				25. DATE RCD. BY LOCAL REG. 10/13/56		26. REGISTRAR'S SIGNATURE D. A. Muntz	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
 300 1-56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
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BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Wallace N. Fitch* _____

Licensed Embalmer No. *38* _____

P. O. Address *Kepler Bluff* _____

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