

FILED DEC 7 - 1956

STANDARD CERTIFICATE OF DEATH

37311
State File No.

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u>	c. LENGTH OF STAY (in this place) <u>60 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>		d. STREET ADDRESS (If rural, give location) <u>0100</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>L.</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 28 56</u>		
---	--	--	---	--	--

5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 26 1872</u>	9. AGE (In years last birthday) <u>84</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 HRS. Hours _____ Mins. _____
-----------------	---------------------------	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>attorney at law</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>law practice</u>	11. BIRTH PLACE (State or foreign country) <u>Shannon Co mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>William Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hanger</u>	14. NAME OF HUSBAND OR WIFE <u>Hassie Moore</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-18-9975</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hassie Moore</u>	ADDRESS <u>Van Buren mo</u>
---	---	--	--------------------------------

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>arteriosclerosis and chronic myocarditis</u>	DUE TO (c) <u>Senility</u>	<u>6 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>422.2</u>

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 4-12, 1955, to Nov 28, 1956, that I last saw the deceased alive on Nov 26, 1956, and that death occurred at 7:10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Rusinski, D.O.</u>	(Degree or title) <u>2</u>	23b. ADDRESS <u>Van Buren, mo.</u>	23c. DATE SIGNED <u>Dec 1-56</u>
---	----------------------------	---------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren City</u>	24d. LOCATION (City, town, or county) (State) <u>Van Buren mo.</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Dec. 4-56</u>	REGISTRAR'S SIGNATURE <u>Mrs Octa Nenson Seaton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Perist Van Buren</u>	ADDRESS <u>Van Buren</u>
--	--	---	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 6 1956

CARTER COUNTY
HEALTH CENTER

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
Student Embalmer

Signed Seaton Pruitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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 this body is not embalmed, fact should be so stated above.