

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Missouri
38554
State File No. _____

FILED NOV 19 1956

| | | | | | | | | |
|--|--|--|--|--|---|---|---|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>167</u> | | PRIMARY REG. DIST. NO. <u>4256</u> | | Registrar's No. <u>55</u> | | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | | |
| a. COUNTY <u>JOHNSON</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Johnson</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u> | | c. LENGTH OF STAY (in this place) <u>7 YRS</u> | | c. CITY OR TOWN <u>Holden</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOLDEN HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>R.R. #2</u> <u>0510</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | | | |
| a. (First) <u>FRED</u> | b. (Middle) <u>RAY</u> | c. (Last) <u>MOORE</u> | (Month) <u>NOV</u> | (Day) <u>9</u> | (Year) <u>1956</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>JAN 18 1890</u> | | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>ET DODGE, IOWA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | | |
| 13a. FATHER'S NAME <u>Howard Case Moon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Frances Agans Moore</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Moore</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Moore</u> | | ADDRESS <u>Holden Mo</u> | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | | | | |
| <p>*This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.</p> | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | | | ANTECEDENT CAUSES | | | | |
| | | | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | |
| | | | | DUE TO (b) <u>Arteriosclerosis</u> | | | | |
| | | | | DUE TO (c) <u>Diabetes</u> | | | | |
| 11. 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 | | | | 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) (Min.) | | 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 <u>11-1</u> , 19 <u>56</u> , to <u>11-9</u> , 19 <u>56</u> ; that I last saw the deceased alive on <u>11-5</u> , 19 <u>56</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>G. W. Moreland</u> | | | 23b. ADDRESS <u>Holden Mo</u> | | | 23c. DATE SIGNED <u>11-10-56</u> | | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov 11 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>11-11-56</u> | | REGISTRAR'S SIGNATURE <u>Mrs H V Redford</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canada & Kopp Holden Mo.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

50

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 *M. J. C. ...*

Licensed Embalmer No. *343*

P. O. Address *Holden,*

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.