

FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40796

STATE FILE NUMBER

Registration District No. 47

Primary Registration District No. 5166

Registrar's No. 337

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jackson Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Jackson Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Length of stay, in 1b <b>10 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>RFD Auxvasse</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Leo</b> Middle <b>Chester</b> Last <b>Moore</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>16</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 23 1915</b>	9. AGE (In years last birt(h)day) <b>41</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brick Plant</b>	11. BIRTHPLACE (City and state or country) <b>Callaway County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Luther Moore</b>			14. MOTHER'S MAIDEN NAME <b>Della Kemp</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486 12 2087</b>		17. INFORMANT <b>Mrs. Sibyl Moore</b> Address <b>Auxvasse Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Decompensation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Pulmonary Fibrosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>525X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b> <b>Several yrs.</b>
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 <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 COUNTY STATE	
21. I attended the deceased from <b>Nov. 1</b> to <b>56 Dec. 16</b> and last saw <del>him</del> <b>him</b> alive on <b>Dec 16</b> Death occurred at <b>12:25 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Robertson W.D.</b>			22b. ADDRESS <b>Auxvasse Mo</b>		22c. DATE SIGNED <b>12-17-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/18/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grand Prairie</b>		23d. LOCATION (City, town, or county) (State) <b>Auxvasse Missouri.</b>
24. FUNERAL DIRECTOR <b>Maupin Fulton Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 22 - 1956</b>		26. REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, welfare, public service

300  
-56

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 or signs of any disease 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

2/3

1870

1910

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 *Elen Y. Maupin*

Licensed Embalmer No. *271*

P. O. Address *Fulton*

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.