FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5528

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Marion.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri — Inside Limits Yes X No ☐	c. CITY OR TOWN Perry, Missouri. 0890 0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Levering Hospital — Length of stay in 1b 1Wk.	d. STREET ADDRESS (If outside, give location) Perry, Mo. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Essie	Middle: May	Last: Moore.	4. DATE OF DEATH Month Day Year: Jan 29, 1957.
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐	8. DATE OF BIRTH: Oct 9, 1886	9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 2, Days 20 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Perry, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Wm Reynolds.		14. MOTHER'S MAIDEN NAME: Emma Quinn.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Melvin Powell	Address: Kansas City, Kansas	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 8 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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): Diabetes mellitus 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 9-10-48, to 1-29-57 and last saw her/him alive on 1-29-57. Death occurred at 6:00 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W L Greene M.D.	22b. ADDRESS: Hannibal, Missouri.	22c. DATE SIGNED: 1-31-57
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 1-31-57	23c. NAME OF CEMETERY OR CREMATORY: Laddonia Cemetery
23d. LOCATION (City, town, or county) (State): Laddonia, Mo.		
24. FUNERAL DIRECTOR: Clyde C. Willey. ADDRESS: Perry, Mo.	25. DATE RECD. BY LOCAL REG.: 2-8-57	26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W C Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare Public Service

300 1-56

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

189.0

RECEIVED FEB 14 1957
MARION CO. HEALTH DEPT.
DATE FILED FEB 14 1957

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 Clyde C. Wilbey

Licensed Embalmer No.....

P. O. Address Perry,

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.