S. No. 300
Rev. 10.48

FILED MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11819

BIRTH NO. _____ REG. DIST. NO. 384 PRIMARY REG. DIST. NO. 6125 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osgood Liberty
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osgood Rural Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Sullivan
c. CITY OR TOWN: Osgood 1050 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 3 mile north

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) BUTLER c. (Last) MOORE

4. DATE OF DEATH (Month) (Day) (Year): 3 - 8 - 1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 11 - 8 - 1875

9. AGE (In years last birthday): 81 | If under 1 year: Months ___ Days ___ | If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Grundy Co Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James W. Moore

13b. MOTHER'S MAIDEN NAME: Mary Vandiford

14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT'S SIGNATURE OR NAME: C. Moore ADDRESS: Osgood Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 21 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. 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: 491 X

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-15, 1957, *to* 3-8, 1957, *that I last saw the deceased alive on* 3-7, 1957, *and that death occurred at* 10:a m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. C. Weston (Degree or title) MD

23b. ADDRESS: Galt Mo

23c. DATE SIGNED: 3-9-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-10-57

24c. NAME OF CEMETERY OR CREMATORY: Union Grove Cem

24d. LOCATION (City, town, or county) (State): Osgood Mo

DATE REC'D BY LOCAL REG.: 3-14-57

REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett

25. FUNERAL DIRECTOR'S SIGNATURE: P K Payne & Son ADDRESS: Galt mo

(Licensed Embalmer's Statement on Reverse Side)

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

525 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed P K Payne Jr.

Licensed Embalmer No. 3400

P. O. Address Galt

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