THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30715
STATE FILE NUMBER

FILED OCT 15 1957

Registration District No. 4 Primary Registration District No. 5023 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Atchison	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Clay Twsp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Rock Port. Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) none Length of stay in 1b none	d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First William	Middle Dempsey	Last Moore	4. DATE OF DEATH	Month 10 Day 4 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 12-2-1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 10 Days 2 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter retired	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Morristown, Tenn.,	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME John W. Moore	14. MOTHER'S MAIDEN NAME Mary Jane McCoy				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. LOST	17. INFORMANT Rex Moore	Address Rock Port.		

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) Cerebro-Vascular Accident - Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 Month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension — 5 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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

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 Nov, 1956, to Oct, 1957 and last saw ~~him~~ him alive on Oct 4, 1957

Death occurred at 2 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James R. Allan, M.D.	22b. ADDRESS Rock Port, Mo.	22c. DATE SIGNED 10-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-7-1957	23c. NAME OF CEMETERY OR CREMATORY English Grove Cem.,	23d. LOCATION (City, town, or county) (State) Fairfax, Mo.,
24. FUNERAL DIRECTOR ADDRESS Bartholomew Mortury, Rock Port.	25. DATE RECD. BY LOCAL REG. Oct 8, 1957	26. REGISTRAR'S SIGNATURE Marvin H. Schooler	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Graz Bartholom

Licensed Embalmer No. 3173..

P. O. Address ock Port.

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.