No. 300
10.48

FILED OCT 11 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34547

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6111 Registrar's No. 175

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Commerce
c. LENGTH OF STAY (in this place): 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Commerce
d. STREET ADDRESS (If rural, give location): —

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

4. DATE OF DEATH (Month) (Day) (Year): Sept 30, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 6, 1868
9. AGE (In years last birthday): 89 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Crittenden County, Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Thomas Lynn
13b. MOTHER'S MAIDEN NAME: Alvina Gann
14. NAME OF HUSBAND OR WIFE: James B B Moore

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'S SIGNATURE OR NAME: Herman Moore — ADDRESS: Commerce, 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — ? yrs
DUE TO (c) Arteriosclerosis — ? yrs.

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: 331X
20. AUTOPSY? YES ☐ NO ☒ 2

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* 9-29, 1957, *to* 9-30, 1957, *that I last saw the deceased alive on* 9-29, 1957, *and that death occurred at* 11:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. P. Brogan (Degree or title) D.O.
23b. ADDRESS: Benton, Missouri
23c. DATE SIGNED: 10-4-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-3-57
24c. NAME OF CEMETERY OR CREMATORY: Oakdale Cem.
24d. LOCATION (City, town, or county) (State): Commerce Twp, Missouri

DATE REC'D BY LOCAL REG.: 10-4-57
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE: Cuspling Roff Funeral Home — ADDRESS: Illmo Mo.

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(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED OCT 7 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1957-209

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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 ..... Student Embalmer

Signed Ollie C Smith

Licensed Embalmer No. 4470

P. O. Address Sikeston, Mo

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 this body is not embalmed, fact should be so stated above.