

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35245**

FILED NOV 12 1957

BIRTH NO. _____		REG. DIST. NO. <b>82</b>		PRIMARY REG. DIST. NO. <b>3017</b>		Registrar's No. <b>131</b>	
1. PLACE OF DEATH a. COUNTY <b>Cooper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>			
b. CITY OR TOWN <b>Boonville</b>		c. LENGTH OF STAY (in this place) <b>7 years</b>		c. CITY OR TOWN <b>Boonville,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home, 413 W. Spring St.</b>				STREET ADDRESS (If rural, give location) <b>413 W. Spring St. 0270</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Erastus</b>		b. (Middle) <b>Beverly</b>		c. (Last) <b>Moore.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 15 1880</b>	
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <b>School Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public School.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Lafayette Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Morton</b>		14. NAME OF HUSBAND OR WIFE <b>Gussie Stephens Moore.</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>---</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Gussie Moore, Boonville, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <b>a few minutes</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>4201</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>11-5-</b> , 19 <b>57</b> , to <b>11-5-</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>11-5-</b> , 19 <b>57</b> , and that death occurred at <b>8:50 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>T.C. Beckett</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Boonville Mo</b>		23c. DATE SIGNED <b>11-7-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 7 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Boonville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11/7/57</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Goodman &amp; Boller, Boonville, Mo.</b>			

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

MAR 12 1938

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 *William N. Wood*

Licensed Embalmer No. 4539

P. O. Address Boonville, Miss

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.