

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1957

36665

STATE FILE NUMBER

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Princeton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *****		Length of stay in 1b Life	d. STREET ADDRESS Missouri		(If outside, give location) Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Thomas Jackson Moore <i>First Middle Last</i>			4. DATE OF DEATH Oct. 19 1957 <i>Month Day Year</i>		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 9 1890	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: M <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> Min. <input type="checkbox"/> IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock		11. BIRTHPLACE (City and state or country) Princeton, Mo.	
13. FATHER'S NAME Morton Price Moore			12. CITIZEN OF WHAT COUNTRY? U.S.A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, specify service) no		16. SOCIAL SECURITY NO. 519-01-2334		17. INFORMANT Doyle Moore Address Colton, California	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 XX , to XX and last saw ^{her} / _{him} alive on _____ Death occurred at 6:30-8 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Naugles Pearce, D.O. (Degree or title)			22b. ADDRESS Princeton, Missouri		22c. DATE SIGNED 10/21/57
23a. BURIAL, CREMATION, REINTERMENT, etc. (Specify) Burial		23b. DATE 10-22-1957	23c. NAME OF CEMETERY OR CREMATORY Fairview		23d. LOCATION (City, town, or county) (State) Mercer Co. Mo.
24. FUNERAL DIRECTOR Martin Funeral Home ADDRESS Princeton, Mo.			25. DATE RECD. BY LOCAL REG. 10-21-57		26. REGISTRAR'S SIGNATURE [Signature]

OCT 30 1957

STATEMENT BY LICENSED EMBALMER

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

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

X
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *L. E. Ogden*

Licensed Embalmer No. 5020

XX

XX

P. O. Address *Princeton,*

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

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.