

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

1028

STATE FILE NUMBER

FILED JAN 20 1958

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Grundy			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 Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mill Grove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial		Length of stay in lb 7-wks.	d. STREET ADDRESS Washington, Twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Johnnie First B. Middle Moore. Last			4. DATE OF DEATH Jan. 3, 1958 Month Jan. Day 3, Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 23, 1910		9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months 2 Days 10 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock		11. BIRTHPLACE (City and state or country) Princeton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
13. FATHER'S NAME Norman Moore			14. MOTHER'S MAIDEN NAME Janey Covey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. 493-18-7965		17. INFORMANT Mrs. Bess Moore - Mill Grove, Missouri Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic myocarditis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4201					INTERVAL BETWEEN ONSET AND DEATH 30 seconds 2 weeks
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 Nov 15th 1957 to Jan 6th 1958 and last saw her/him Jan 6th 1958 on Jan 6th 1958 Death occurred at 3:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Claver F. Duffly MD (Degree or title)			22b. ADDRESS Trenton Mo		22c. DATE SIGNED Jan 8th 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 6 1958	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Mercer County, Missouri
24. FUNERAL DIRECTOR Martin Funeral Home ADDRESS Princeton, Mo.			25. DATE RECD. BY LOCAL REG. 1-6-58		26. REGISTRAR'S SIGNATURE Gene Fair

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in name of disease. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 39

P. O. Address Linnville

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