

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004753
State File No.

FILED MAR 10 1958

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carrollton</u>		c. LENGTH OF STAY (in this place) <u>4 weeks</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bales Hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>100 N. Main</u> <u>017/0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wicks</u>	b. (Middle) <u>O'Bryan</u>	c. (Last) <u>Moore</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-58</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 19, 1884</u>	9. AGE (in years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shannondale Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Richard O'Bryan</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Hubbard</u>	14. NAME OF HUSBAND OR WIFE <u>Will Moore.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Will Moore (Carrollton Mo.)</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary embolism</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombo-phlebitis left leg</u> DUE TO (c) <u>auricular fibrillation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma breast metastasis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>463XH</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1955, to 1 Mar, 1958, that I last saw the deceased alive on 1 Mar, 1958, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.W. Allen</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Carrollton, Mo</u>	23c. DATE SIGNED <u>3 Mar 58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-3-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Keytsville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Keytsville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-3-58</u>	REGISTRAR'S SIGNATURE <u>Mr Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall F. Home</u>	ADDRESS <u>Carrollton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 11 1958

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 *R. M. Marshall*.....

Licensed Embalmer No. *2525*.....

P. O. Address *Carrollton*.....

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.