S. No. 300
v. 10.48

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

FILED APR 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010518
State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5627 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY: LACLEDE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (FRANKLIN)
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grove Springs Star Rt. Odia Community

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MO
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (ELK CREEK) 1140
d. STREET ADDRESS (If rural, give location): S.W. Competition, Mo

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

4. DATE OF DEATH (Month) (Day) (Year): 3-23-58

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: MAY 15, 1936
9. AGE (In years last birthday): 22 — If under 1 year: Months 10, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed (Farmer)
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): WRIGHT Co. MO
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: WM. Moore
13b. MOTHER'S MAIDEN NAME: Jo. Moore
14. NAME OF HUSBAND OR WIFE: None

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: WM. Moore — **ADDRESS**: RFD. Grove Springs Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aneurism of Aorta — INTERVAL BETWEEN ONSET AND DEATH: Immediately

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Unknown

DUE TO (c):

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: O22X
20. AUTOPSY? YES ☒ NO ☐

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* 8-11, 1957, *to* 3-23, 1958, *that I last saw the deceased alive on* 3-16, 1958, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C.R. Mott — (Degree or title): M.D.
23b. ADDRESS: Hartville, Mo.
23c. DATE SIGNED: 3-24-58

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-25-58
24c. NAME OF CEMETERY OR CREMATORY: MOORE Cemetery
24d. LOCATION (City, town, or county) (State): WRIGHT Co. Mo.

DATE REC'D BY LOCAL REG.: 3-25-1958
REGISTRAR'S SIGNATURE: Nella L. Way
25. FUNERAL DIRECTOR'S SIGNATURE: John Simpson — **ADDRESS**: Hartville Mo.

(Licensed Embalmer's Signature on Reverse Side)

MAR 3 1 1956

Received

Laclede County Health Unit

File No. 56

Date Filed MAR 3 1 1956

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 R W Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, 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.