

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026258  
STATE FILE NUMBER

FILED JUL 25 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Hannibal, Mo.</b> TOWN		c. CITY <b>Perry, Mo. R.F.D.</b> OR <b>0870</b> TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Levering Hosp</b> INSTITUTION		Length of stay in lb <b>2 Dys</b>	
		d. STREET ADDRESS <b>Jasper Township</b> (If outside, give location)	
		Reside on Form <b>Yes X</b> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>First DAVID Middle S. Last MOORE.</b>			4. DATE OF DEATH <b>Month June Day 28, Year 1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 4, 1871</b>	9. AGE (In years last birthday) <b>86</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Ralls Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13. FATHER'S NAME <b>James Moore.</b>	14. MOTHER'S MAIDEN NAME <b>Mary Akridge.</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>William Moore. Perry, Mo.</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>acute 1 da.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Terminal bronchial pneumonia</b>		<b>1 day</b>
DUE TO (c) <b>4201</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <b>8:30</b> 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 <b>6/27/58</b> to <b>6/28/58</b> and last saw her alive on <b>6/28/58</b> Death occurred at <b>8:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>D. S. Murphy M.D.</b> (Degree or title)	22b. ADDRESS <b>Hannibal, Mo.</b>
	22c. DATE SIGNED <b>7-1-58</b>

23a. BURIAL, CREMATION, RENOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-1-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lickoree Cemetery.</b>	23d. LOCATION (City, town, or county) (State) <b>Perry, Mo.</b>
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24. FUNERAL DIRECTOR <b>Clyde C. Weiss Perry, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-19-58</b>	26. REGISTRAR'S SIGNATURE <b>Dr. Em. Tucker by WC Fisher</b>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 0

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**RECEIVED**

**JUL 2 4 1938**

**MARION CO. HEALTH DEPT.**

**DATE FILED JUL 2 4 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... *Clyde L. ...*

Licensed Embalmer No. *38*

P. O. Address *Per...*

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.