Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-028442
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Camden

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Camden

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Auglaize Township — Inside Limits Yes ☐ No ☒

c. CITY OR TOWN 0150 Richland, Mo. — Inside Limits Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rural Rt. # 1. — Length of stay in lb 10 years.

d. STREET ADDRESS (If outside, give location) Rural Rt. # 1. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Floy Middle Mae Last Moore.

4. DATE OF DEATH Month Aug. Day 31, Year 1958

5. SEX Female

6. COLOR OR RACE White.

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Sept. 22, 1913

9. AGE (In years last birthday) 44 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.

10b. KIND OF BUSINESS OR INDUSTRY ----------

11. BIRTHPLACE (City and state or country) Unknown. 9

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Gregory.

13b. MOTHER'S MAIDEN NAME Lavena Looney.

14. NAME OF HUSBAND OR WIFE Joseph H. Moore.

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. Unknown.

17. INFORMANT Joseph H. Moore Address Richland, Mo Rt. # 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Interstitial Hemorrhage & Suffocation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Carcinoma Of Sigmoid Colon

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 4 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1533

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1954, to Aug 31-58 and last saw her/him alive on Aug 31-58
Death occurred at 6:20 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) D.O. 2

22b. ADDRESS Richland, Missouri.

22c. DATE SIGNED 9/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9/3/58

23c. NAME OF CEMETERY OR CREMATORY Union Cemetery.

23d. LOCATION (City, town, or county) (State) Camdenton, Mo Rural.....

24. FUNERAL DIRECTOR Hedges Funeral Home ADDRESS Richland, Mo

25. DATE RECD. BY LOCAL REG. Sept. 3-1958

26. REGISTRAR'S SIGNATURE Zilpha I. Traw

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Clarence E. Mas

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mis

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.