Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

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58-038566
STATE FILE NUMBER

FILED OCT 24 1958 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 192

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): SIKESTON — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 310 PROSPERITY — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN: SIKESTON — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1003 310 PROSPERITY — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARY Middle ELIZABETH Last MOORE
4. DATE OF DEATH: Month 10 Day 9 Year 1958
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: MAY 12, 1927
9. AGE (In years last birthday): 31 — 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): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): SIKESTON MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: WILLIAM WIEDEMAN
13b. MOTHER'S MAIDEN NAME: LULA MYRTLE STRANGE
14. NAME OF HUSBAND OR WIFE: CHARLES W. MOORE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles Moore — Address: Sikeston Mo

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): Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Adeno carcinoma rectum
DUE TO (c): 154X
INTERVAL BETWEEN ONSET AND DEATH: 2 years
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 [ ] NO [X] 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 9-26-56, to 10-9-58 and last saw her alive on 8-29-58
Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wilson J. Ingram, MD
22b. ADDRESS: Sikeston, Mo
22c. DATE SIGNED: 10/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-11-58
23c. NAME OF CEMETERY OR CREMATORY: MATTHEWS
23d. LOCATION (City, town, or county) (State): NEW MADRID Co Mo

24. FUNERAL DIRECTOR — ADDRESS: Welsh Funeral Home - Sikeston Mo
25. DATE RECD. BY LOCAL REG.: 10-17-58
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE RECEIVED 10-2038
SCOTT CO. HEALTH DEPT.
CO. FILE No. 1058-243

VS FEB 10 1960

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.