

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043173
STATE FILE NUMBER

FILED JAN 5 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 275

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-57

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| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo. b. COUNTY Callaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico | | c. CITY OR TOWN Auxvasse 0140 | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Co. | | d. STREET ADDRESS Route 1 (If outside, give location) | |
| Length of stay in lb 8Hrs. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Mangus Moore | | | 4. DATE OF DEATH Dec. 23 1958 |
| 5. SEX M. | | 6. COLOR OR RACE W. | |
| 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH July 13 1892 | |
| 9. AGE (In years last birthday) 66 | | IF UNDER 1 YEAR Month 5 Day 10 | |
| IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | |
| 11. BIRTHPLACE (City and state or country) Montgomery Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Levi Moore | | 13b. MOTHER'S MAIDEN NAME Lillie Mabry | |
| 14. NAME OF HUSBAND OR WIFE Mrs. Mangus Moore | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) Yes WW I | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Mrs. Mangus Moore | | Address Auxvasse Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Hypertension DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X | | | INTERVAL BETWEEN ONSET AND DEATH 10 Mo. ? |
| 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 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 Auxvasse Mo. | | COUNTY Callaway STATE Mo. | |
| 21. I attended the deceased from Dec 22 58 to Dec 23 58 and last saw ^{her} / _{him} alive on Dec 23 58 Death occurred at 1:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Blanche Neely (Degree or title) 2 | | 22b. ADDRESS Auxvasse Mo. | |
| 22c. DATE SIGNED 12-25-58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Dec. 26, 1958 | |
| 23c. NAME OF CEMETERY OR CREMATORY Auxvasse Cem. | | 23d. LOCATION (City, town, or county) (State) Auxvasse Mo. | |
| 24. FUNERAL DIRECTOR Maupin Funeral Home | | ADDRESS Fulton Mo. | |
| 25. DATE RECD. BY LOCAL REG. Dec. 25-1958 | | 26. REGISTRAR'S SIGNATURE Blanche Neely | |

(Licensed Embalmer's Statement on Reverse Side)

All deaths in Part I must be causally related.
A. N. DOMANN, D.O.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 28 1959

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 *Glen J. Maupin*

Licensed Embalmer No. *2725*

P. O. Address

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.