

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043324

STATE FILE NUMBER

REG. JAN 5 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1387

300  
-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Craig
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist		Length of stay in lb 5 years	d. STREET ADDRESS (If outside, give location) 3 miles south of Craig
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM DALLAS MOORE			4. DATE OF DEATH Month Day Year DEC. 24 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 7, 1862	9. AGE (In years (by birthday)) 96	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during a major part of working life, or if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY On farm	11. BIRTHPLACE (City and state or country) Clay County - Ind.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Zarahiah Moore	13b. MOTHER'S MAIDEN NAME Mary Armstrong	14. NAME OF HUSBAND OR WIFE Margaret Ann Moore
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Bessie Jenkins - 1615 Jule - St Joseph, Mo
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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) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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.) 4200
20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from 12/17/58 to 12/24/58 and last saw him alive on 12/23/58  
Death occurred at 11:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arew W Steacy M.D.	22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.	22c. DATE SIGNED 12/24/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Buried & removed	23b. DATE 12/27/58	23c. NAME OF CEMETERY OR CREMATORY S.O.O.F.	23d. LOCATION (City, town, or county) (State) Craig Mo.
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24. FUNERAL DIRECTOR Wilbur L. Scholer - Craig, Mo	25. DATE RECD. BY LOCAL REG. Dec 24, 1958	26. REGISTRAR'S SIGNATURE M. Clark Goodell
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.  
W.D. CRAIG  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Dr. Owen

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 Myself....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Wilber L. Scholer.....

Licensed Embalmer No. 3997.....

P. O. Address Craig, 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.