

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043626

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 83 Primary Registration District No. 5312 Registrar's No. 15

300
1-57

1. PLACE OF DEATH a. COUNTY COOPER		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 27 1875		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 5 Days 22		IF UNDER 24 HRS. Hours Min. 									
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) CLAYKS Fork		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BUNCETON MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) BUNCETON MO		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S					
3. NAME OF DECEASED (Type or print) First DELOTA Middle ELLEN Last MOORE				4. DATE OF DEATH Month DEC. Day 19 Year 1958				13a. FATHER'S NAME W.F. SHODGRASS				13b. MOTHER'S MAIDEN NAME ELIZABETH FRIDAY THOMAS				14. NAME OF HUSBAND (DEAD)							
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. No				17. INFORMANT Wm. Earl Bunce				Address Bunceton 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) Burned to death												INTERVAL BETWEEN ONSET AND DEATH 6.1											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fire																							
DUE TO (c) Trapped in burning home																							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Body practically consumed												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
20a. ACCIDENT <input checked="" 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.) Home burned								9160											
20c. TIME OF INJURY Hour 12 Month, Day, Year 19 58 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>								16				027											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm home				20f. CITY, TOWN, OR LOCATION Rd Bunce				COUNTY Cooper STATE Mo											
21. I attended the deceased from Death occurred at about 12:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.												22a. SIGNATURE (Degree or title) W. Deane				22b. ADDRESS Cooper Booneville Mo				22c. DATE SIGNED 12/19/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				23b. DATE DEC. 21 - 1958				23c. NAME OF CEMETERY OR CREMATORY PISGAH				23d. LOCATION (City, town, or county) (State) NEAR BRITIE HOME MO.											
24. FUNERAL DIRECTOR C. ALBERT HORNBECK				ADDRESS BRITIE HOME MO.				25. DATE RECD. BY LOCAL REG. 12/24/58				26. REGISTRAR'S SIGNATURE Virginia T. Higgins											

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 19 1958

9561 I NOPY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *to Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Barrie, Ontario*

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.