Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000321
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Methodist — Length of stay in 1b: 3 wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Platte
c. CITY OR TOWN: Dearborn 0830 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): none — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Milton — Middle H. — Last Moore
4. DATE OF DEATH: Month Jan. Day 27, Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: Sept. 28, 1870
9. AGE (In years last birthday): 88 — 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): Doctor MD
10b. KIND OF BUSINESS OR INDUSTRY: MD
11. BIRTHPLACE (City and state or country): Clinton County
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Moore
13b. MOTHER'S MAIDEN NAME: Fannie McCelland
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: M.H. Moore (Son) — Address: Boulder Colorado

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): Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): hypertension, — 20 years
DUE TO (c): arteriosclerosis — 20 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Jan 2 59, to Jan 27 59 and last saw her/him alive on Jan 27 59
Death occurred at 2 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Dearborn Mo
22b. ADDRESS: 420 N. 8th St. Joseph Mo
22c. DATE SIGNED: 1/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-30-59
23c. NAME OF CEMETERY OR CREMATORY: Dearborn Cemetery
23d. LOCATION (City, town, or county) (State): Dearborn, Missouri

24. FUNERAL DIRECTOR: Vaughn & Aufranc — ADDRESS: Dearborn, Mo.
25. DATE RECD. BY LOCAL REG.: Feb 3, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Dr. John R. Forgrave
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.