THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002272
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 15

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Nodaway
c. CITY OR TOWN: Maryville 1742 c — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 310 West Cooper — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CLARA Middle: MAY Last: MOORE

4. DATE OF DEATH Month: 1 Day: 18 Year: 59

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: 4/18/87

9. AGE (In years last birthday): 71 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and state or country): Pickering, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Caswell Wilson

13b. MOTHER'S MAIDEN NAME: Rosalie Clayton

14. NAME OF HUSBAND OR WIFE: Edd Moore, dec.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs. Josie Glover, Maryville, 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): Coronary arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): pulmonary fibrosis
DUE TO (c): emphysema
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

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 12-15-59, to 1/18/59 and last saw her alive on 1/18/59
Death occurred at 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J C Baum (Degree or title) M. D.
22b. ADDRESS Maryville, Missouri
22c. DATE SIGNED 1/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1-22-59
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill
23d. LOCATION (City, town, or county) (State): Maryville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG.: 1-20-59
26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville

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.