THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004306
STATE FILE NUMBER

FILED JAN 15 1959

Registration District No. 272 Primary Registration District No. 4543 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Webster
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Seymour — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sumitt St. — Length of stay in Hospital 6 Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Webster
c. CITY OR TOWN Seymour, Mo. — Inside Limits Yes X No ☐
d. STREET ADDRESS Sumitt St. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Matthew Middle Henry Last Moore
4. DATE OF DEATH Month Jan Day 7th Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X / NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov 6-1882
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months 2 Days 1 — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm Work
11. BIRTHPLACE (City and state or country) Webster Co, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Bradd Moore
14. MOTHER'S MAIDEN NAME Sarah Childress
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NO
17. INFORMANT Jessie M. Moore Address Seymour, Mo.

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) Profound Anemia — INTERVAL BETWEEN ONSET AND DEATH 10/20/57 ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myeloid Leukemia — 10/20/57 ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 2041
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 1/10/54, to 1/7/59 and last saw her/him alive on 1/5/59
Death occurred at 6 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Gill (Degree or title) D.O.
22b. ADDRESS Seymour
22c. DATE SIGNED 1/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 9-1959
23c. NAME OF CEMETERY OR CREMATORY Seymour Cem.
23d. LOCATION (City, town, or county) (State) Seymour Missouri.

24. FUNERAL DIRECTOR Franklin Cannon ADDRESS Seymour Mo
25. DATE RECD. BY LOCAL REG. 1-12-59
26. REGISTRAR'S SIGNATURE Gilbert Jones

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

YS APR 21 1990

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Don G. Ferrell.....

Licensed Embalmer No.4

P. O. Address Mansfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.