

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006180

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 30

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chilhowee		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center		Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) 8510 0		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Dellie Moore			4. DATE OF DEATH Month Day Year Mar. 1, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 1, 1880		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 78 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Henry Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME David Moore		13b. MOTHER'S MAIDEN NAME Martha Johnson		14. NAME OF HUSBAND OR WIFE Lottie Stewart Moore	
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. 489-42-6806		17. INFORMANT Address Lottie Moore, Chilhowee, 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) Chronic myocarditis					INTERVAL BETWEEN ONSET AND DEATH 1 yr 4 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Asperterension					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 44.3x					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from Jan 1, 1955 to March 1, 59 and last saw him alive on March 1, 59 Death occurred at 6:50 pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M. D.		22b. ADDRESS Warrensburg, Mo		22c. DATE SIGNED March 3, 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/3/59	23c. NAME OF CEMETERY OR CREMATORY Carpenter		23d. LOCATION (City, town, or county) (State) Chilhowee, Mo.
24. FUNERAL DIRECTOR Cook Funeral Home, Chilhowee, Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. Mar. 2, 1959	26. REGISTRAR'S SIGNATURE Lorraine Crutchfield

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

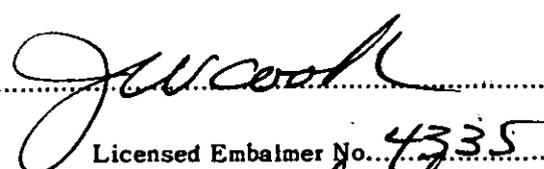
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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


Licensed Embalmer No. 4335
P. O. Address Chilhowee

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.