

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013914

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldridge	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Eldridge 0530	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Eldridge	Length of stay in lb 70 yrs	d. STREET ADDRESS (If outside, give location) Eldridge	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle R. Last Moore	4. DATE OF DEATH Month Apr. Day 16, Year 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 Jan. 4, 1882	9. AGE (In years last birthday) 77	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or county) Laclede Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	--

13a. FATHER'S NAME George W. Moore	13b. MOTHER'S MAIDEN NAME Mary Burns	14. NAME OF HUSBAND OR WIFE Maggie Moore
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Luther Moore, Lebanon, Mo.	Address
---	--	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Liver failure	INTERVAL BETWEEN ONSET AND DEATH 1 Month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) metastases, generalized	3 months
DUE TO (c) Carcinoma of the stomach	6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input 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.) 151X
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	

20d. INJURY OCCURRED WHILE AT WORK <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 **3-15-59** to **4-16-59** and last saw ^{him} alive on **4-7-59**
Death occurred at **1:15 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Louis E. Gores, M.D.	22b. ADDRESS 158 N. Adams, Lebanon, Mo.	22c. DATE SIGNED 4-22-59
---	---	------------------------------------

23a. BURIAL, CREMATION, REFRIGERATION (Specify) Burial	23b. DATE 4/19/59	23c. NAME OF CEMETERY OR CREMATORY Zion Cem.	23d. LOCATION (City, town, or county) (State) Laclede Co. Missouri
--	-----------------------------	--	--

24. FUNERAL DIRECTOR S. P. Pulver	ADDRESS Lebanon Mo	25. DATE RECD. BY LOCAL REG. 4-23-1959	26. REGISTRAR'S SIGNATURE Hella L. Day
---	------------------------------	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *S. R. Palmer*

: Licensed Embalmer No. *2208*
P. O. Address *Lebanon*

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.