

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020046

STATE FILE NUMBER

FILED JUN 8 1959

Registration District No.

319

Primary Registration District No.

4469

Registrar's No.

33

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>St. Genevieve</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> COUNTY <i>St. Genevieve</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Genevieve</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Genevieve</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>150 5 2nd</i>		Length of stay in lb <i>50 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>150 5 2nd</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>EDGAR CHARLES MOORE</i>			4. DATE OF DEATH Month Day Year <i>MAY 28 1959</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JAN 10, 1901</i>	9. AGE (In years last birthday) <i>58</i> 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) <i>Dist. Agent</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>SINCLAIR OIL Co</i>		11. BIRTHPLACE (City and state or country) <i>LEBANON, ILL</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>JAMES MOORE</i>		13b. MOTHER'S MAIDEN NAME <i>MARIE WORST</i>	
14. NAME OF HUSBAND OR WIFE <i>STELLA O. BOYER</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>487-03-3691</i>	
17. INFORMANT Address <i>MRS Stella Moore St. Gen, Mo</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Central Nervous System</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Hypertension + arteriosclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>331X</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i> <i>5 years</i>	
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.)			
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 <i>June 6, 1959</i> , to <i>May 28, 1959</i> and last saw him alive on <i>May 28, 1959</i> Death occurred at <i>9:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Dr. Lansing M.D.</i>		22b. ADDRESS <i>St. Genevieve Mo</i>	
22c. DATE SIGNED <i>5/29/59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>5-31-59</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		23d. LOCATION (City, town, or county) (State) <i>St. Genevieve Mo</i>			
24. FUNERAL DIRECTOR <i>James A. Taylor</i>		25. DATE RECD. BY LOCAL REG. <i>5-30-59</i>		26. REGISTRANT'S SIGNATURE <i>John Bailey</i>	

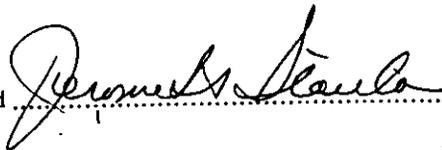
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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. 3817

P. O. Address St. Lawrence, Ill.

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.