URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1959

59-035667

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 88

ENDED

1. PLACE OF DEATH
a. COUNTY Davies
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin
Length of stay in 1b: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gallatin Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clinton
c. CITY OR TOWN Plattsburg
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS 514 Broadway (If outside, give location)
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Ada Middle Dell Last Moore

4. DATE OF DEATH: Month October Day 18 Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4/7/1870

9. AGE (last birthday): 89

IF UNDER 1 YEAR: Months ____ Days ____

IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper

10b. KIND OF BUSINESS OR INDUSTRY: xxxxxx

11. BIRTHPLACE (City and state or country): Hemple, Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Hiarm Brown

13b. MOTHER'S MAIDEN NAME: Violet Teeter

14. NAME OF HUSBAND OR WIFE: Andrew J. Moore

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.: none

17. INFORMANT: Mr. Roy Moore, Gallatin, Mo. Address

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) Senile Cerebral Atherosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 Jan 59, to Oct. 59 and last saw her/him alive on 10-18-59
Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Floyd E. Nelson M.D. (Degree or Title)

22b. ADDRESS Gallatin Mo

22c. DATE SIGNED 10-21-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: Oct. 21, 1959

23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Lyon Funeral Home, Inc. ADDRESS Plattsburg Mo.

25. DATE RECD. BY LOCAL REG.: 10-22-1959

26. REGISTRAR'S SIGNATURE: Virgil M Engelhart

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Phillips E. Cox

Signature of Student Embalmer

Licensed Embalmer No. 4993

P. O. Address Flaunberg

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