

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**063-039250**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 189

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

**FILED OCT 24 1963**

|  |              |                 |
|--|--------------|-----------------|
| VS 300<br>Rev. 4/59                      | DATE AMENDED |                 |
| 10201                                    |              |                 |
| 20201                                    |              |                 |
| 3  |              |                 |
| 4 1                                      |              |                 |
| 5 9                                      |              |                 |
| 6  |              |                 |
| 7 0                                      |              |                 |
| 8 2                                      |              |                 |
| 9/165X                                   |              |                 |
| 10                                       |              |                 |
| 11                                       |              |                 |
| 12 1-0                                   |              |                 |
| 13 1-0                                   |              |                 |
| AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF   | DOCUMENT        |
| ITEM NO.                                 | SHOULD READ  | BY AFFIDAVIT OF |

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cedar</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Eldorado Springs</u>   |   | Length of stay in lb<br><u>3 days</u>   | c. CITY OR TOWN<br><u>Eldorado Springs</u>                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>Cedar County Memorial</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS<br><u>201 North Grand</u>                                   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><u>Clara Elizabeth Moore</u>  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>October 19, 1963</u>   |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br><u>3/28/1887</u>  |
| 9. AGE (last birthday)<br><u>76</u>  |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Avoca, Missouri</u>          |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>   |   | 13a. FATHER'S NAME<br><u>Mathias Lepp</u>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Mary M. Rougly</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Homer Moore</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  |   |
| 17. INFORMANT<br><u>Lucille Lepp Starks Harwood, Mo.</u>   |   | 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>acute CHF.</u><br><u>metastatic lung ca. (BLADDER-THYROIDOPHARYNGEAL OF GULL)</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ASHD</u><br>DUE TO (c) <u>ASHD</u> |   |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown   |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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<br>Hour a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>10/15/63</u> to <u>10/19/63</u> and last saw her alive on <u>10/19/63</u><br>Death occurred at <u>1:10 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br><u>[Signature]</u>   |   | 22b. ADDRESS<br><u>El Dorado Springs, Mo.</u>   | 22c. DATE SIGNED<br><u>10/21/63</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   | 23b. DATE<br><u>10/22/1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Green Lawn Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Schell City, Missouri</u> |
| 24. FUNERAL DIRECTOR<br><u>Lewis &amp; Son</u>   | ADDRESS<br><u>Schell City, Mo.</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>10-22-63</u>   | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>                               |

NOV 2 1963

**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 John G. Lewis

Licensed Embalmer No. 4774

P. O. Address Schell City

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.

Permit Obtained 10-26-68