

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33738

State File No. ....

FILED NOV 2-1956

|  |  |  |                                   |  |  |  |  |
|--|--|--|-----------------------------------|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>132</u>  |                                   | PRIMARY REG. DIST. NO. <u>3021</u>   |  | Registrar's No. <u>147</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Grundy</u>   |  |  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>  |  | c. LENGTH OF STAY (in this place)  |                                   | c. CITY OR TOWN <u>Spickard</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Neal Nursing Home</u>  |  |  |                                   | e. STREET ADDRESS (If rural, give location) <u>0400</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Bertha</u>  |  |  | b. (Middle) <u>Ellen</u>          |  |  | c. (Last) <u>Moore</u>   |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct. 29 1956</u>   |  | 5. SEX <u>Female</u>   |                                   | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   |  |
| 8. DATE OF BIRTH <u>Aug. 18 1886</u>   |  | 9. AGE (In years last birthday) <u>70</u>  |                                   | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF UNDER 12 HRS.<br>Hours _____ Min. _____   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farm Wife</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13a. FATHER'S NAME <u>William Jackson</u>  |                                   | 13b. MOTHER'S MAIDEN NAME <u>Angeline Smith</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Freeman Moore</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.  |                                   | 17. INFORMANT'S SIGNATURE OR NAME <u>Freeman Moore</u> ADDRESS <u>Spickard Mo.</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio - Vascula - Renal Disease</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |                                   |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u>   |  | 19a. DATE OF OPERATION   |                                   | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>442x</u>   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                   | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 1st 1956</u> to <u>Oct 29th 1956</u> , that I last saw the deceased alive on <u>Sept 20th 1956</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above. |  |  |                                   |  |  |  |  |
| 23a. SIGNATURE <u>Oliver P. Duffus, M.D.</u> (Degree or title)   |  |  |                                   | 23b. ADDRESS <u>Trenton, Mo.</u>   |  | 23c. DATE SIGNED <u>Oct 30th 1956</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE <u>Oct 31 1956</u>   |                                   | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Grove</u>  |  | 24d. LOCATION (City, town, or county) <u>Sullivan Co. Mo.</u>  |  |
| DATE REC'D BY LOCAL REG. <u>11-1-56</u>  |  | REGISTRAR'S SIGNATURE <u>Jeanne Fair</u>   |                                   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schooler Funeral Home</u> ADDRESS <u>Spickard Mo.</u>  |  |  |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1150

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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 *Ross Wise*.....

Licensed Embalmer No. *3771*.....

P. O. Address *Spickard M.*.....

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.