

**STATE OF LOUISIANA  
CERTIFICATE OF DEATH**

STATE FILE No. **10 796**

1. Last Named of Deceased <b>Moore</b>		1b. First Name <b>Carlos</b>		1a. Second Name <b>Whitman</b>		2a. Month Day Year Date Of Death: <b>July 3 1958</b>		2b. Hour <b>7:55 A.M.</b>	
3. Sex - Male or Female <b>Male</b>		4. Color or Race <b>White</b>		5. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		6a. Name of Husband or Wife <b>Alice Dietlein</b>		6b. Age <b>52</b>	
7. Date of Birth of Deceased <b>August 13, 1906</b>		8. Age of Deceased Years: <b>51</b> Months: <b>10</b> Days: <b>20</b>		9a. Birthplace (City and State) <b>Clinton, Tennessee</b>		9b. Citizen of what Country <b>U.S.A.</b>			
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <b>Pump Installer</b>		10b. Kind of Industry or Business <b>Canal Refinery</b>		11. Was Deceased ever in U. S. Armed Forces (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		11a. Social Security No. <b>436-14-1751</b>			
12a. City, Town, or Location <b>Rural</b>				12b. Parish <b>Jefferson</b>		12c. Length of Stay in this Place <b>17 Days</b>			
12d. Name of Hospital or Institution (If not in hospital or institution give street address or location) <b>Ochsner Foundation Hospital</b>						12e. Is Place of Death Inside City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
13a. City or Town <b>Opelousas</b>				13b. Parish <b>St. Landry</b>		13c. State <b>Louisiana</b>			
13d. Street Address - (If rural give location) <b>249 South Main Street</b>				13e. Is Residence Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>		13f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
14a. Name of Father <b>John D. Moore</b>		14b. Birthplace of Father (City or town) <b>Tennessee</b>		15a. Maiden Name of Mother <b>Martha Duncan</b>		15b. Birthplace of Mother (City or town) <b>Tennessee</b>			
I certify that the above stated information is true and correct to the best of my knowledge.		16a. Signature of Informant <i>Mrs. Carlos W. Moore</i>				16b. Date of Signature <b>July 3, 1958</b>			
17. Part I. Death was caused by: <b>Surgical Treatment of a Basilar Aneurysm</b>								Interval Between Onset and Death	
Immediate cause (a)		<b>Congenital "Berry" Aneurysm of Basilar Artery</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		Due to (b)							
		Due to (c)							
Part II. Other significant conditions contributing to death but not related to the Terminal Disease condition given in Part I (a)								18. Autopsy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
19a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>			19b. Describe how Injury Occurred. (Enter nature of injury in Part I or Part II of item 17.)						
19c. Time Of Injury Hour: <b>p. m.</b> Month, Day, Year									
19d. Injury Occurred White at Work <input type="checkbox"/> Not White At Work <input type="checkbox"/>		19e. Place of Injury (e. g., in or about home, farm, factory, street, office bldg., etc.)		19f. City, Town, or Location		Parish		State	
20. I certify that I attended the deceased from <b>6-16-58</b> to <b>7-3-58</b>		and that death occurred on the date and hour stated above.		20a. Signature of Physician <i>John D. Jackson, M.D.</i>		20b. Date of Signature <b>July 3, 1958</b>			
21a. Burial... ( ) Date thereof Cremation... ( ) Removal... (x) <b>7-3-58</b>		21b. Name and Location of Cemetery or Crematory <b>St. Landry Cemetery Opelousas, Louisiana</b>		21c. Signature and Address of General Director <i>Lafayette + Beverly Leven</i>					
21d. Burial Transit Permit Number <b>26-95-F.H.</b>		21e. Parish of Issue <b>Jefferson</b>		21f. Date of Issue <b>July 3, 1958</b>		21g. Signature of Local Registrar <i>Mrs. Cantor, MA</i> <i>Mrs. Blodgett</i>			

JUL 15 1958