

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040604

STATE FILE NUMBER

24

FILED DEC 1 1958

Registration District No. 176

Primary Registration District No. 5652

Registrar's No.

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greene TWP		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greene TWP		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8mi S. Lockwood Mo		Length of stay in 1b yrs	d. STREET ADDRESS (If outside, give location) 8mi S. Lockwood M		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Earl Calvin Moots			4. DATE OF DEATH Month Day Year Nov 19 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 2 1885		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Kirksville Mo.	12. CITIZEN OF WHAT COUNTRY? usa
13a. FATHER'S NAME James Moots		13b. MOTHER'S MAIDEN NAME Laura Uber		14. NAME OF HUSBAND OR WIFE Grace Moots	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 192-40-9707		17. INFORMANT Address Grace Moots Lockwood Mo. rt 3.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cor Pulmonale					3 months
DUE TO (c) Mitral Stenosis					410X 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Vascular accident 4 years ago					19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 8/9/54 to 11-19-58 and last saw him alive on 11-18-58 Death occurred at 8:40 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or title) David E. George D.D.			22b. ADDRESS Mt Vernon Mo.		22c. DATE SIGNED 11/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Lockwood		23d. LOCATION (City, town, or county) (State) Lockwood Mo.
24. FUNERAL DIRECTOR W.R. Allison		ADDRESS Greenfield Mo.		25. DATE RECD. BY LOCAL REG. 11-27-58	26. REGISTRAR'S SIGNATURE W. S. Buehney

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 *W. H. Allison*

Licensed Embalmer No. *4404*

P. O. Address *Shrewsbury*

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.