

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026121

FILED VS JUL 20 1959

Registration District No. 272 Primary Registration District No. 4405 Registrar's No. 39

STATE FILE NUMBER

IDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Bernsart</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Steele</u>	a. STATE <u>MO</u>	b. COUNTY <u>Bernsart</u>
Length of stay in lb		c. CITY OR TOWN <u>Steele</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Route 3</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Glades</u>	Middle <u>Moorman</u>	Last	Month <u>7</u>	Day <u>8</u>
Year <u>59</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-25-25</u>	9. AGE (last birthday) <u>33</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Rocky Mt Va.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Mose Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Allie Hancock</u>	14. NAME OF HUSBAND OR WIFE <u>George W Moorman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>		<u>12 hrs</u>
DUE TO (b) <u>Heart exhaustion</u>		
DUE TO (c)		
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.
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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	
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>7-8-59</u> to <u>7-8-59</u> and last saw her <u>alive</u> on <u>7-8-59</u> Death occurred at <u>7 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>H M W Jamison</u> (Degree or title)		22b. ADDRESS <u>Steele MO</u>	22c. DATE SIGNED <u>7-11-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-10-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bird Line</u>	23d. LOCATION (City, town, or county) (State) <u>Rocky Mt Va</u>
24. FUNERAL DIRECTOR <u>Serman Jamesel</u> ADDRESS <u>Home Steele Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-14-59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 30 1959

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Paul C. Deane

Licensed Embalmer No. 394

P. O. Address Caruthers

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.