

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031881

FILED VS SEP 21 1959

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 66

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Penn b. COUNTY Unknown					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem Missouri		Length of stay in lb 3mos		c. CITY OR TOWN Philadelphia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence W D St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Unknown		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Charles Middle Frederick Last Moffitt				4. DATE OF DEATH Month Sept Day 16 Year 1959					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 10 86 73		9. AGE (last birthday) IF UNDER 1 YEAR: Months 73 Days 0 Hours 0 Min. 0 IF UNDER 24 HR: Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employ			10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and state or country) Philadelphia Penn.		12. CITIZEN OF WHAT COUNTRY U/S/A		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Sarah A. Bateman Moffitt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X			16. SOCIAL SECURITY NO. X		17. INFORMANT Address Sarah A. Moffitt Salem Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 1 week		
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, a.m. p.m.		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 7-12-59 to 9-16-59 and last saw her/him alive on 9-15-59 . Death occurred at _____ m on the date stated above and to the best of my knowledge, from the causes stated.									
22. SIGNATURE Ray E. Wilcox, M.D. (Degree and title)				22b. ADDRESS Salem, Mo.				22c. DATE SIGNED 9/18/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-19-59		23c. NAME OF CEMETERY OR CREMATORY Cedargrove Cem.		23d. LOCATION (City, town, or county) (State) Salem Mo.			
24. FUNERAL DIRECTOR ADDRESS Carl K. Spencer Salem Mo.			25. DATE RECD. BY LOCAL REG. 9/18/59		26. REGISTRAR'S SIGNATURE M. M. Hart, M. D. by Ans.				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 14 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 Carl H. Spence

Licensed Embalmer No. 937

P. O. Address Salem

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.