

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032029

FILED VS. OCT. 8 1959 128

Registration District No. 2000 Primary Registration District No. 2000 Registrar's No. 1039

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Ottawa</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Michigan</b> COUNTY <b>Calhoun</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield, Mo.</b>		Length of stay in 1b <b>2 Hrs.</b>	c. CITY OR TOWN <b>Battle Creek, Michigan</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Springfield Baptist Hos.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Battle Creek, Michigan</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Henry</b> Last <b>Moore</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>2</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-28-28</b>	9. AGE (last birthday) <b>30</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Lily Mae Hall</b>		14. NAME OF HUSBAND OR WIFE <b>Ora Nadine Moore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 2nd WW</b>		16. SOCIAL SECURITY NO. <b>486-30-6944</b>	17. INFORMANT Address <b>Battle Creek</b> <b>Mrs Ora Nadine Moore Michigan</b>		

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) <b>Cerebral Contusion</b>		<b>2 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Basilar Skull Fracture</b>	<b>2 hrs</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) <b>Fracture Right Femur, Fracture Tibia</b>	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Automobile, motor cycle collision</b>
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20c. TIME OF INJURY <b>5:30 p.m. 10-2-59</b>	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.) <b>Hiway W</b>	20f. CITY, TOWN, OR LOCATION <b>Ozark Christian Mo</b>	COUNTY	STATE
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21. I attended the deceased from <b>10-2-59</b> to <b>10-2-59</b> and last saw him alive on <b>10-2-59</b> Death occurred at <b>7:10 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>W. B. Chaffin</b> (Degree or title) <b>md.</b>	22b. ADDRESS <b>Springfield Mo</b>	22c. DATE SIGNED <b>10-2-59</b>
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23a. BURIAL OR CREMATION <b>Burial</b>	23b. DATE <b>Oct. 5, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Battle Creek Mch</b>	23d. LOCATION (City, town, or county) <b>Battle Creek, Michigan</b>	(State)
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24. FUNERAL DIRECTOR <b>T. B. Chaffin</b>	ADDRESS <b>Ozark, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-5-1959</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 8 14

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Mo.

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.