

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032116

FILED VS SEP 28 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 239

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 4 weeks	c. CITY OR TOWN Brownington
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Brownington R.R.
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Walker Middle Cleveland Last Moree			4. DATE OF DEATH Month Sept Day 22 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 9-17-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
-------------	------------------------	---	----------------------------	---------------------------	--------------------------------	------------------------------

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) Bell Co Texas	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	---	---------------------------------------

13a. FATHER'S NAME Edward Moree	13b. MOTHER'S MAIDEN NAME Sirville Lyles	14. NAME OF HUSBAND OR WIFE Dora R. Moree
------------------------------------	---	--

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.	17. INFORMANT Address Mrs. Dora R. Moree Brownington Mo
--	-------------------------	--

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) arteriosclerotic heart disease		5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	10-15 years
	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 a.m. p.m.
---

20d. INJURY OCCURRED WHILE AT WORK <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 August 8, 1959 to September 22, 1959 last saw him alive on September 22, 1959  
Death occurred at 1128 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James Smith MD	22b. ADDRESS Clinton, Missouri	22c. DATE SIGNED 9-23-59
--	-----------------------------------	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-25-1959	23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	23d. LOCATION (City, town, or county) (State) Brownington, Mo
---	------------------------	--	--

24. FUNERAL DIRECTOR Sickman & Dunning FH Clinton, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Sept. 24, 1959	26. REGISTRAR'S SIGNATURE Waldred Bigum
--	---------	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Robert L. Dunning

Licensed Embalmer No. 4510

P. O. Address Clinton 4

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.