URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1959

59-033122
STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 33

ENDED

1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TWP. Length of stay in 1b 2 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) PLESANT VIEW REST HOME Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY MONROE
c. CITY OR TOWN PARIS Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) COOPER AVE. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First DROY Middle IRVIN Last MOORE
4. DATE OF DEATH Month SEPT. Day 14, Year 1959
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH FEB. 8/1877
9. AGE (last birthday) 82 IF UNDER 1 YEAR Months 7 Days 6 IF UNDER 24 HR Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER
10b. KIND OF BUSINESS OR INDUSTRY LABORER
11. BIRTHPLACE (City and state or country) ILLINOIS
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 UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address Miss Isabelle Murphy Paris, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH 24 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Sept 12, to Sept 14 and last saw ~~her~~ him alive on Sept 14-59
Death occurred at 9/14/1959 - 4 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo M. Ragsdale MD
22b. ADDRESS PARIS, MO.
22c. DATE SIGNED 9/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 9/16/1959
23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE
23d. LOCATION (City, town, or county) (State) PARIS, MO.

24. FUNERAL DIRECTOR ADDRESS E.H. AGNEW PARIS, MO.
25. DATE RECD. BY LOCAL REG. 9-16-59
26. REGISTRAR'S SIGNATURE J. A. Barnett M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed E H Agnew

Signature of Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.