URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1959

59–035194
STATE FILE NUMBER

ENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 495

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Length of stay in 1b 9 days.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Holcomb — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Box 222 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Janie Middle Marie Last Moore
4. DATE OF DEATH Month October Day 18 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept. 6, 1959
9. AGE (last birthday) —
IF UNDER 1 YEAR Months 1 Days 12 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minor
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Kennett Mo
12. CITIZEN OF WHAT COUNTRY America
13a. FATHER'S NAME Harold Moore
13b. MOTHER'S MAIDEN NAME Agnes Ward
14. NAME OF HUSBAND OR WIFE —
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. —
17. INFORMANT Hospital Record Address Columbia Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congenital Heart Disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Mongolism

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 10/9/59, to 10/18/59 and last saw her/him alive on 10/18/59
Death occurred at 10:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ray August Wesenfeld (Degree or title) MD
22b. ADDRESS Univ of Mo Med Center
22c. DATE SIGNED 10/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 20, '59
23c. NAME OF CEMETERY OR CREMATORY Hoyd Cem
23d. LOCATION (City, town, or county) Holcomb (State) Mo

24. FUNERAL DIRECTOR Father ADDRESS
Harold Moore Holcomb Mo
25. DATE RECD. BY LOCAL REG. Oct. 18, 1959
26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer

Box 222 (Licensed Embalmer's Statement on Reverse Side)

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 Not embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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