

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039688

FILED VS DEC 14 1959

STATE FILE NUMBER

Registration District No. 728 Primary Registration District No. 2000 Registrar's No. 1317

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 8 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 628 S. Kentwood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MYRON Middle H. Last MOULTON				4. DATE OF DEATH Month December Day 4 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 March 8, 1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 8 Days 26	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hardware			10b. KIND OF BUSINESS OR INDUSTRY Merchant		11. BIRTHPLACE (City and state or country) Bethany, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Henry Moulton			13b. MOTHER'S MAIDEN NAME Florence Snyder			14. NAME OF HUSBAND OR WIFE Mary E. Moulton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None			16. SOCIAL SECURITY NO. 		17. INFORMANT Address Mrs. Earl B. King Springfield, 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) Uremia							INTERVAL BETWEEN ONSET AND DEATH Slw. days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Renal arteriosclerosis							slw. yrs.		
DUE TO (c) Prostatic hypertrophy							slw. yrs.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured rt. hip 2 wks ago.							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 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 1952 , to 1959 and last saw him alive on 12-3-59 Death occurred at 8:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) M.D.			22b. ADDRESS Springfield, Mo.			22c. DATE SIGNED 12-4-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 7, 1959	23c. NAME OF CEMETERY OR CREMATORY Miriam		23d. LOCATION (City, town, or county) Bethany, Missouri		(State) 		
24. FUNERAL DIRECTOR ADDRESS Gorman-Scharpf Funeral Home Springfield, Missouri				25. DATE RECD. BY LOCAL REG. 12-7-59		26. REGISTRAR'S SIGNATURE Effie S. Melton			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Paulin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.