

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 0 2 0

FILED VS JAN - 4 1960

137

Registration District No. Primary Registration District No. 3023

Registrar's No. 319

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Henry		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		a. STATE Missouri		COUNTY Henry	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 1 wk		c. CITY OR TOWN R R#1 Brownington Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7 miles Southeast Brownington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Samuel		Middle Jones		Last Moree		Month Day Year Dec. 28 1959	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23-88	9. AGE (last birthday) 71	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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTH PLACE (City and state or country) St Clair Co Mo.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Edward Moree		13b. MOTHER'S MAIDEN NAME Survilla B LILES		14. NAME OF HUSBAND OR WIFE Lucy M 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. 487-20-0298		17. INFORMANT Address Lucy M Moree RR# 1 Brownington			
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) Pulmonary Edema						HR5	
DUE TO (b) Bronchial Obstruction						DAYS	
DUE TO (c) Bronchial Asthma						years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General debility and malnutrition - dehydration						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 Dec. 22 1959 to Dec. 28, 1959 and last saw ^{him} her alive on Dec. 28, 1959 Death occurred at 2:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Arturo Gonzalez				22b. ADDRESS 717 E Jefferson Clinton		22c. DATE SIGNED 12-29-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-30-59		23c. NAME OF CEMETERY OR CREMATORY Maplewood Cem		23d. LOCATION (City, town, or county) (State) Brownington Mo	
24. FUNERAL DIRECTOR ADDRESS Sickman & Dunning Clinton Mo				25. DATE RECD. BY LOCAL REG. Jan. 2, 1960		26. REGISTRAR'S SIGNATURE Waldred Bigum	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 13 19

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 Robert L. Dunn

Licensed Embalmer No. 471

P. O. Address Clinton

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.