

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 7 3 6

FILED VS. DEC 23 1959 200

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 211

UNRECORDED

| | | | | | |
|--|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Macon | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri COUNTY Macon | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Plata Township | | Length of stay in 1b 14 Yrs | c. CITY OR TOWN La Plata Twp | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Mi S.E. La Plata | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 7 Mi S.E. La Plata | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last LETA FAYE MOOTS | | | 4. DATE OF DEATH Month Day Year December 6, 1959 | | |
| 5. SEX F | 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 7-8-09 | 9. AGE (last birthday) 50 | IF UNDER 1 YEAR Months 4 Days 28 Hours --- Min. --- |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Brashear Missouri | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Walter C. Lowe | | 13b. MOTHER'S MAIDEN NAME Opal Selby | | 14. NAME OF HUSBAND OR WIFE Paul Moots | |
| 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. none | | 17. INFORMANT Address Mr. Paul Moots, La Plata, 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) Ca of Breast DUE TO (b) c metastase to Lungs. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr / mo |
| 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 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 Nov 4 1958 to Dec 6 1959 and last saw her/him alive on Dec 6 1959 Death occurred at 10:45 8 m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) O. L. Woodward Sr | | | 22b. ADDRESS Atlanta Mo | | 22c. DATE SIGNED 12-8-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE December 9 | 23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery | | 23d. LOCATION (City, town, or county) (State) La Plata, Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo. | | 25. DATE RECD. BY LOCAL REG. 12/15/59 | 26. REGISTRAR'S SIGNATURE Kath Muechly | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 13 1960

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 Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, M

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.