

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 9 1960 / 20

=60-000983

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 11 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry		Length of stay in 1b years	c. CITY OR TOWN Stanberry Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 312 E. Third		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 312 E. Third Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle Theophilus Last Moore			4. DATE OF DEATH Month January Day 27 Year 1960		
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 10/22/1866	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroader & farmer		10b. KIND OF BUSINESS OR INDUSTRY railroad & farm	11. BIRTHPLACE (City and state or country) Mattoon, Illinois	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Moore		13b. MOTHER'S MAIDEN NAME Ann Riley		14. NAME OF HUSBAND OR WIFE Mrs. Rachel Olive Moore	

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 Mrs. Rachel Moore, Stanberry, Missouri Address _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bowel Obstruction		INTERVAL BETWEEN ONSET AND DEATH weeks years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last).	DUE TO (b) Leukemia, chronic.	
	DUE TO (c) Unknown	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Serinitis; Mercury infection, Bladder Calculi		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" 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. 10, 1952** to **1-27-60** and last saw ^{her}him alive on **1-27-60**.
Death occurred at **8:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert D. Carlin, M.D.	22b. ADDRESS Stanberry Missouri	22c. DATE SIGNED 2-1-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 29, 1960	23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Stanberry, Missouri
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24. FUNERAL DIRECTOR ADDRESS Johnson Funeral Home, Stanberry, Mo.	25. DATE RECD. BY LOCAL REG. 2-1-1960	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 1 1960

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 *Ross Evan Johnson*

Licensed Embalmer No. 4948

P. O. Address Stanberry

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.