

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004680

FILED VS JAN 25 1960

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 10

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Saline</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>		c. CITY OR TOWN <b>Marshall,</b>	
Length of stay in 1b <b>47 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>571 W. Washington</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>571 W. Washington</b>							
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH				
First <b>Mary</b> Middle <b>B.</b> Last <b>Moffitt</b>			Month <b>January</b> Day <b>20</b> st Year <b>1960</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 22, 20-19</b>	9. AGE (last birthday)	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) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>La Monte, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jerry Hutchinson</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Andrews</b>			14. NAME OF HUSBAND OR WIFE <b>Tom, Walter, Williams, Moffitt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mr. Ulysses Milliams, Marshall, Mo.</b>		
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) <b>Myocarditis.</b>							<b>Unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <b>Senility</b>							
DUE TO (c)							
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	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 <b>Investigation 1-21-60</b> , to _____ and last saw her alive on _____ Death occurred at <b>Home 1-21-60</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Dr. Lawrence M. D. Crowder Saline Co.</b>				22b. ADDRESS <b>Marshall Mo.</b>		22c. DATE SIGNED <b>1-23-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<b>Burial</b>		<b>Jan. 24th, 60</b>	<b>Finnis Creek Cemetery, S.W. Saline County, Missouri</b>				
24. FUNERAL DIRECTOR <b>George H. Green, Marshall Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>1-23-60</b>	26. REGISTRAR'S SIGNATURE <b>Cecil G. Reed</b>		

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George H. Green

Licensed Embalmer No. 422

P. O. Address Marshall

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