

FEDERAL BUREAU OF INVESTIGATION FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

-60-004775

Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 3 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Tennessee</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Richland</u>			Length of stay in 1b <u>9 months</u>		c. CITY OR TOWN <u>McKenzie</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route 4</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Cecil Moore</u>				4. DATE OF DEATH Month Day Year <u>January 12 1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8/8/02</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>		11. BIRTHPLACE (City and state or country) <u>McKenzie, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>
13a. FATHER'S NAME <u>John Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Tennessee Moore</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT Address <u>C. A. Barksdale McKenzie, Tenn. Route 2</u>		
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) <u>No medical attendant</u>							
DUE TO (b) <u>Investigation made by coroner. No evidence of foul play found.</u>							
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 Hour s.m. p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION <u>Richland Township</u>		COUNTY <u>Stoddard</u>	STATE <u>Missouri</u>
21. I attended the deceased from _____, to _____ and last saw ^{her} him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Marsh Watkins</u> <u>Coroner</u>				22b. ADDRESS <u>Dexter, Missouri</u>		22c. DATE SIGNED <u>1/14/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>1/15/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		23d. LOCATION (City, town, or county) <u>McKenzie, Tennessee</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>Watkins & Sons Dexter, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>1-16-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. George L. Baker</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER
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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
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. _____
or by _____ Student Embalmer No. _____

working under my personal supervision.
working under my personal supervision.

Student _____
Student _____
Signature of Student Embalmer _____
Signature of Student Embalmer _____

Signed Earl Neuthe
Signed _____

Licensed Embalmer No. 4964
Licensed Embalmer No. _____

P. O. Address _____
P. O. Address Depta 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).
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If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
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If this body is not embalmed, fact should be so stated above.
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