

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011500

FILED VS MAR 25 1960

156

Registration District No. _____ Primary Registration District No. 200 Registrar's No. 131 STATE FILE NUMBER

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin | | Length of stay in 1b 13 Years | | c. CITY OR TOWN Joplin | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1210 Connor Ave | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1210 Connor Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First William Middle Russell Last Moore | | | | 4. DATE OF DEATH Month March Day 11 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 23 Aug 1908 | 9. AGE (last birthday) 51 | 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) Employment Counselor | | | 10b. KIND OF BUSINESS OR INDUSTRY Government (State) | | 11. BIRTHPLACE (City and state or country) Evansville Indiana | | 12. CITIZEN OF WHAT COUNTRY U S A |
| 13a. FATHER'S NAME Ed Moore | | | 13b. MOTHER'S MAIDEN NAME Myrtle McNeely | | 14. NAME OF HUSBAND OR WIFE Nancy Moore | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2 | | | 16. SOCIAL SECURITY NO. WW2 | 17. INFORMANT Address Mrs. Nancy Moore, Joplin, 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) <u>Star wound lower chest & liver</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>less than 1 hr.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot by in lower chest and abdomen</u> | | | | | |
| 20c. TIME OF INJURY Hour <u>5⁰⁰</u> p.m. Month, Day, Year <u>3-11-60</u> | 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.) <u>Home - Bathroom</u> | | 20f. CITY, TOWN, OR LOCATION <u>Joplin</u> | | COUNTY <u>Jasper</u> | | STATE <u>Mo.</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>Wickham M.D. Former Jasper County</u> | | | | 22b. ADDRESS <u>Red Arts Bldg Joplin Mo.</u> | | 22c. DATE SIGNED <u>3-15-60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>15 March 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u> | | 23d. LOCATION (City, town, or county) <u>Joplin, Missouri.</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>Hurlbut-Glover Mortuary</u> | | | ADDRESS <u>Joplin, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>3-17-1960</u> | 26. REGISTRAR'S SIGNATURE <u>Doore Merriam</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS
APR 11 1961

APR 25 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 457

P. O. Address Joplin

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.