

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016458

FILED VS APR 21 1960 294

3056 Registrar's No. 106

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Chariton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly Mo.		Length of stay in 1b 2-Days		c. CITY OR TOWN Keytesville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 212 S. Broadway			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Zachariah Middle Taylor Last Moore				4. DATE OF DEATH Month April Day 9th Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 21, 1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Shannondale, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Clifton Moore			13b. MOTHER'S MAIDEN NAME Virginia Perkins		14. NAME OF HUSBAND OR WIFE Bertie Mae Thrash		
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. 499-40-3673	17. INFORMANT Address Charles Moore, St. Joseph, 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) Hypertensive cardio renal disease.							INTERVAL BETWEEN ONSET AND DEATH ????
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 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 April 6th 6pm April 9th and last saw ^{her} him alive on April 8th Death occurred at 3:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Thos Fleming</i> Thos Fleming (Name or title)				22b. ADDRESS Moberly Missouri			22c. DATE SIGNED 4-9-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 11th 1960	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Keytesville, Mo.		(State)
24. FUNERAL DIRECTOR H.D. Gaurdt ADDRESS Keytesville, Mo.			25. DATE RECD. BY LOCAL REG. 4-11-60		26. REGISTRAR'S SIGNATURE <i>Reabulow</i>		

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, ~~Student Embalmer No. _____~~
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. D. Darrin

Licensed Embalmer No. 3046

P. O. Address Key West

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.