

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022111

FILED VS. MAY 24 1960

360

Primary Registration District No. 6225 Registrar's No. 104

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Verada</u>		Length of stay in 1b <u>21 days</u>		c. CITY OR TOWN <u>Neosho</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>331 Hamilton</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>Herman</u> Middle <u>Arthur</u> Last <u>Moyer</u>				4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1960</u>							
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</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>Feb 28, 1877</u>		9. AGE (last birthday) <u>82 yrs</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) <u>Atchison, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. UNDER 1 YEAR Months <u>2</u> Days <u>18</u>			
13a. FATHER'S NAME <u>Jacob Moyer</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet Moyer</u>			14. NAME OF HUSBAND OR WIFE <u>Nettie May Moyer</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 <u>Hospital records, Verada, Mo</u>				Address		
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>Arterio-sclerotic Heart Disease</u> DUE TO (b) <u>Gen. Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Psychosis</u>						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 checked="" 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 <u>April 25, 1960</u> to <u>May 16, 1960</u> and last saw ^{HIS} him alive on <u>May 16, 1960</u> Death occurred at _____ m of the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>D.C. Bradley, M.D.</u> (Degree or title)						22b. ADDRESS <u>State Hospital #3 Verada, Mo</u>			22c. DATE SIGNED <u>5/16-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-19-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Granby Memorial Cemetery - Granby, Missouri</u>		23d. LOCATION (City, town, or county)		(State)			
24. FUNERAL DIRECTOR <u>Shewmake Funeral Home - Granby, Mo.</u>				25. DATE RECD. BY LOCAL REC. <u>5-20-1960</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>					

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 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

Floyd E. Shewecke

Licensed Embalmer No. 492

P. O. Address Box 58

GRANBY

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.