

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JUL 22 1960

=60-029313

ENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 173

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Scott		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		a. STATE Mo		b. COUNTY Scott	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		Length of stay in 1b Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 515 MATHEWS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First WAID		Middle REEDER		Last MOORE		Month 7 Day 10 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 10-14-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY LMOR. WALSH. Co.		11. BIRTHPLACE (City and state or country) BLOOMFIELD MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wm. Buckner Moore			13b. MOTHER'S MAIDEN NAME MATTIE SHELBY		14. NAME OF HUSBAND OR WIFE HATTIE B.		
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. 490-03-0954		17. INFORMANT Address Mr W.R. Moore - Sikeston Mo			
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) Brain damage						44 hrs	
DUE TO (b) Cerebral vascular accident						44 hrs	
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 7-6-60 to 7-10-60 and last saw him alive on 7-10-60 Death occurred at 9:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John P. Sargent, M.D.				22b. ADDRESS 707 Tanner St Sikeston, Mo.			22c. DATE SIGNED 7-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-12-60	23c. NAME OF CEMETERY OR CREMATORY WALKER		23d. LOCATION (City, town, or county) Stoddard Co Mo		(State)	
24. FUNERAL DIRECTOR Welsh Funeral Home Sikeston Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. 7-13-60	26. REGISTRAR'S SIGNATURE Miss Ella Hunter		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 22 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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

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.