

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 30 1960

-60-029780

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 473

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| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | Length of stay in 1b | c. CITY OR TOWN Poplar Bluff |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brandon Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Poplar Bluff |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Hattie Middle Gladdis Last Moore | | | 4. DATE OF DEATH Month June Day 25 Year 1960 | | |
| 5. SEX Female | 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 1/16/1895 | 9. AGE (last birthday) 65 | IF UNDER 1 YEAR Months 3 Days 9 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Madison Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE James L. Moore | |
| 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. | | 17. INFORMANT Address James L. Moore, Poplar Bluff, Mo. | |

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| 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) Intestinal obstruction | | 2 weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Probably due to gall bladder disease | unknown |
| | DUE TO (c) Diabetes mellitus | unknown |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 6-19-60 to 6-25-60 and last saw her/him alive on 6-24-60
Death occurred at 6:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE W.L. Brandon, M.D. | (Date Signed) | 22b. ADDRESS 1124 N. Main Poplar Bluff, Mo. | 22c. DATE SIGNED 8-11-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal & Burial | 23b. DATE 6/27/60 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills Mem. Chapel | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. |

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| 24. FUNERAL DIRECTOR Frank-Cotrell Chaple. Poplar Bluff, Mo | ADDRESS | 25. DATE RECD BY LOCAL REG. 8/13/60 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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DOCUMENT
MEDICAL CERTIFICATION
BY APPROVIT OF

VS AUG 8 0 1960 SA

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 Edgar W. Vaffa
Licensed Embalmer No. 3394

P. O. Address Vaffa Blue

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.