URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 0 1960

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STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 341

ENDED

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CAPE GIRARDEAU — Length of stay in 1b: 6 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CAPE OSTEOPATHIC HOSP. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ARKANSAS b. COUNTY: BENTON
c. CITY OR TOWN: ROGERS — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD # 4 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First MARGARET Middle AILEEN Last MOORE
4. DATE OF DEATH: Month AUGUST Day 23 Year 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 31, 1921
9. AGE (last birthday): 39
IF UNDER 1 YEAR: Months 2 Days 22 — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): CHAFFEE, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GEORGE D. DALE
13b. MOTHER'S MAIDEN NAME: ALLIE MORRIS
14. NAME OF HUSBAND OR WIFE: NOBLE D. MOORE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 498-10-5373
17. INFORMANT: MRS. EUGA L. ERVIN Address: CHAFFEE, MO.

MEDICAL CERTIFICATION

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)	Peripheral Vascular Collapse	20 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Renal failure, acute	1 weeks
DUE TO (c)	Glomerulonephritis, toxic Cause undetermined	4 weeks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pneumothorax Hemorrhagic Pulmonis between 2-4/21-5

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8-17-60, to 8-23-60 and last saw her alive on 8-22-60
Death occurred at 8:50 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. N. Hehmeyer, DO.
22b. ADDRESS: Chaffee, missouri
22c. DATE SIGNED: 8/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 25, 1960
23c. NAME OF CEMETERY OR CREMATORY: Union Park Cemetery
23d. LOCATION (City, town, or county) (State): CHAFFEE, MISSOURI
24. FUNERAL DIRECTOR ADDRESS: Bispinghoff Funeral Home - Chaffee, Mo.
25. DATE RECD. BY LOCAL REG.: 8-27-60
26. REGISTRAR'S SIGNATURE: Irene Karsten

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

NOV 29 1960

SEP 28 1960

SEP 15 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Te

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.