URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1960 162

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 98

-60-031101
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mermac Township — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rockford Beach, Big River — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN House Springs — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) R.R.2. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Albert Middle Last Moyer

4. DATE OF DEATH Month 8 Day 21 Year 60

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/17/50
9. AGE (last birthday) 10 — IF UNDER 1 YEAR Months 1 Days 4 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY - - - - - - - - -
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Gerald Moyer
13b. MOTHER'S MAIDEN NAME Gladys Wilson Moyer
14. NAME OF HUSBAND OR WIFE U.S.A.

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. none
17. INFORMANT Geral Moyer Address Rt 1. Box 283 House Springs 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) Accidental Drowning — 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. ☐ 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.) Boat over turned.
20c. TIME OF INJURY Hour 5:22 p.m. Month, Day, Year 8-21-60
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.) River
20f. CITY, TOWN, OR LOCATION Mermac Twsp. COUNTY Jeff. STATE Mo.

21. I attended the deceased from Corower's View and last saw her/him alive on
Death occurred at 5:22 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James C. Pelton D.C. Coroner
22b. ADDRESS Festus Mo.
22c. DATE SIGNED 8-21-60

23a. BURIAL, [redacted]N, [redacted]L (Specify)
23b. DATE Aug 24th
23c. NAME OF CEMETERY OR CREMATORY St. Martins, High Ridge
23d. LOCATION (City, town, or county) (State) High Ridge, Mo

24. FUNERAL DIRECTOR Frohwitter-Miller. ADDRESS High Ridge
25. DATE RECD. BY LOCAL REG. 8-24-60
26. REGISTRAR'S SIGNATURE Robert C. Bauer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

98

SEP 20 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_____ Signed Neville B. Frohwitte

Signature of Student Embalmer

Licensed Embalmer No. 3696

P. O. Address High Ridg

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.