

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

318

Primary Registration District No. 1003

Registrar's No.

8911

-60-032632

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY COLES						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.		Length of stay in 1b 19 DAYS		c. CITY OR TOWN OAKLAND		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPT.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First LUTHER Middle L. Last MOORE				4. DATE OF DEATH Month SEPTEMBER Day 8 Year 1960						
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 9/21/92	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (City and state or country) OAKLAND, ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME RICHARD MOORE			13b. MOTHER'S MAIDEN NAME LUCY MINERVA			14. NAME OF HUSBAND OR WIFE - - - - -				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			16. SOCIAL SECURITY NO. UNK.		17. INFORMANT HELEN MOORE, OAKLAND, ILL.				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: GENERALIZED ARTERIOSCLEROSIS, ARTERIAL & ARTERIOLAR IMMEDIATE CAUSE (a) NEPHROSCLEROSIS, AZOTEMIA								INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) DIABETES MELLITUS		DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE		260x				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INTRACEREBELLAR HEMORRHAGE, RT. LOBE, BRONCHOPNEUMONIA						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 checked="" type="checkbox"/> NO <input 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 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		
21a. attended the deceased from 8/20/60 to 9/8/60 and last saw him live alive on 9/8/60				Death occurred at 5:35 pm on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE ENRIQUE VALEZ GARCIA (Degree or title) M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.				22c. DATE SIGNED 9/8/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9/9/60	23c. NAME OF CEMETERY OR CREMATORY Rosedale Cem.		23d. LOCATION (City, town, or county) Oakland, Ill		(State)				
24. FUNERAL DIRECTOR Edward Fendler 5611 Southn Grand Blvd.				25. DATE RECD. BY LOCAL REG. SEP 9 1960		26. REGISTRAR'S SIGNATURE Walt Smith, M.D.				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 George W. Clavo

Licensed Embalmer No. 4799

P. O. Address St Paul

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.