

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS JUL 25 1960

-60-033441

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 40

STATE FILE NUMBER

DED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ST. GENEVIEVE</u>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>BEAUVIOT T.S.</u>	a. STATE <u>MO</u>	b. COUNTY <u>ST. GENEVIEVE</u>
Length of stay in lb <u>40 YRS</u>		c. CITY OR TOWN <u>ST MARYS</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST MARYS MO</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>ADLINE</u>	Middle <u>MARY</u>	Last <u>MOORS</u>	4. DATE OF DEATH	Month <u>JULY</u>	Day <u>17</u>	Year <u>1960</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/13/68</u>	9. AGE (last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>PERRY CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>THOMAS RINNEY</u>	13b. MOTHER'S MAIDEN NAME <u>EMILY REED</u>	14. NAME OF HUSBAND OR WIFE <u>RICHARD MOORS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>W. O'MARA Perryville Mo</u>	Address
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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)	<u>cerebral Thrombosis massive</u>	<u>2 days</u>
DUPLICATE (b)	<u>arteriosclerosis</u>	
DUPLICATE (c)	<u>Senility</u>	

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
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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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 _____
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21. I attended the deceased from <u>July 11</u> to <u>July 17 1960</u> and last saw her/him alive on <u>July 16</u> Death occurred at <u>5:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Joseph T. Fort</u> (degrees title) <u>MD</u>	22b. ADDRESS <u>St Marys Mo</u>	22c. DATE SIGNED <u>7/18/60</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/19/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST MARYS</u>	23d. LOCATION (City, town, or county) (State) <u>ST MARYS MO</u>
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24. FUNERAL DIRECTOR <u>Geo. C. Basler</u>	ADDRESS <u>Senecio Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-19-60</u>	26. REGISTRAR'S SIGNATURE <u>Willie Basler</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Alvan J. Ecker

Licensed Embalmer No. 4746

P.O. Address Ste Denver

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