

**FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-035563**

FILED VS SEP 27 1960

Registration District No. 226 Primary Registration District No. 4352 Registrar's No. 65

STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>IRVIN</b> Last <b>MOORE</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>20</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-11-78</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. water service foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CRI&amp;P Ry.</b>		11. BIRTHPLACE (City and state or country) <b>Versailles, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>William Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Berkstresser</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel Moore</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unavailable</b>		17. INFORMANT <b>Mrs. Ethel Moore</b> Address <b>Eldon, Mo.</b>		

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 <b>1 week.</b> <b>1 year</b>
IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>		
DUE TO (b) <b>Arteriosclerosis, advanced</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) <b>Fractured right hip Jan 1960</b>		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 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 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 <b>Eldon</b>	COUNTY <b>Eldon</b>	STATE
21. I attended the deceased from <b>Jan 1960</b> to <b>9-20-60</b> and last saw him alive on <b>9-20-60</b> Death occurred at <b>8:10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>Jack Linn MD</b> (Name or title)		22b. ADDRESS <b>Versailles, Mo.</b>		22c. DATE SIGNED <b>9-22-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-23-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Eldon</b>	23d. LOCATION (City, town, or county) (State) <b>Eldon, Mo.</b>	
24. FUNERAL DIRECTOR <b>Phillips Funeral Home</b> ADDRESS <b>Eldon</b>		25. DATE RECD. BY LOCAL REG. <b>9-26-60</b>	26. REGISTRAR'S SIGNATURE <b>J. L. Wash</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 8 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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Louis D. Phell

Licensed Embalmer No. 360

P. O. Address Walden

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.