

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035760

STATE FILE NUMBER

FILED VS OCT 14 1960 Registration District No. 290 Primary Registration District No. Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <b>Pulaski Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Tavern Township</b>	Length of stay in lb <b>30 m in.</b>	c. CITY OR TOWN <b>Crocker, Missouri</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>1/2 mil S. of Crocker, Mo</b> <b>on Hwy 17.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>None.</b>

3. NAME OF DECEASED (Type or print) <b>Clinton. Calvin. Moshier.</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>18,</b> Year <b>1960</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/5/1941</b>	9. AGE (last birthday) <b>18</b>	IF UNDER 1 YEAR Months Days Hours Min.	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)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Crocker, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Victor Moshier.</b>	13b. MOTHER'S MAIDEN NAME <b>Pearl Martin.</b>	14. NAME OF HUSBAND OR WIFE <b>None.</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>495-40-9979</b>	17. INFORMANT Address <b>Mr. Aften Moshier Waynesville, Mo</b>
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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: IMMEDIATE CAUSE (a) <b>MASCERATION OF BRAIN</b> DUE TO (b) <b>Auto Accident</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>30 MIN</b>
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"/> N. <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Automobile Accident.</b>
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20c. TIME OF INJURY <b>2:30 PM</b>	Hour <b>2:30</b> Month, Day, Year <b>9 18 60</b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hwy 17 1/2 Mil South of Crocker</b>	20f. CITY, TOWN, OR LOCATION <b>Pulaski Missouri</b>	COUNTY <b>Pulaski</b>	STATE <b>Missouri</b>
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21. I attended the deceased person **person** **Sept 18/ 60**, to **her** and last saw him **him** alive on **Sept 18/ 60**.  
Death occurred at **2:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>[Signature]</b> County Coroner.	22b. ADDRESS <b>Richland, Missouri</b>	22c. DATE SIGNED <b>9/19/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/21/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Crocker, Mo</b>
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24. FUNERAL DIRECTOR <b>[Signature]</b> <b>Hedges Funeral Home</b>	ADDRESS <b>Crocker, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>9-20-60</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

KS OCT 14 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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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.