

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037255

FILED VS OCT 13 1960

366

86

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <del>Bismarck, Mo.</del> <b>Concord</b>		Length of stay in lb <b>13 Yrs.</b>	c. CITY OR TOWN <b>Bismarck</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2 1/2 Mi. N.W.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ROSELLA</b> Middle <b>ARTA</b> Last <b>MOORE</b>			4. DATE OF DEATH Month <b>About: 10</b> Day <b>4</b> Year <b>1960</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</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>2-28-13</b>	9. AGE (last birthday) <b>47</b>	IF UNDER 1 YEAR Months <b>27</b> Days <b>5</b> Hours <b>6</b> Min.	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and state or country) <b>St. Francois Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT 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: IMMEDIATE CAUSE (a) <b>Gun shot wound in head</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>...</b>	
	DUE TO (c) <b>...</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <b>10-4-60</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>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Bismarck, Washington Co., Missouri</b>	COUNTY <b>Washington Co., Missouri</b>	STATE
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21. I attended the deceased from \_\_\_\_\_ and last saw him \_\_\_\_\_  
Death occurred at **three of day unknown** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <b>D. L. Gibson</b> (Degree or title)	22b. ADDRESS <b>Potosi, Missouri</b>	22c. DATE SIGNED <b>10-11-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-10-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial Fk. Bonne Terre, Missouri RT.</b>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <b>John H. Simpson</b> Address <b>Bismarck, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>10/11/60</b>	26. REGISTRAR'S SIGNATURE <b>Arthur ...</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 14 1960

BODY WAS NOT EMBALMED, BUT PLACED IN A SEALER CASKET

*John N. Shipman*  
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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.