

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037390

FILED 15 NOV 14 1960

STATE FILE NUMBER

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 31

NDED

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rich Hill</u>		Length of stay in 1b <u>1 year</u>	c. CITY OR TOWN <u>Rich Hill,</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>112 East Park Ave.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>112 East Park Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>EDITH</u> Middle <u>V</u> Last <u>MOORE</u>	4. DATE OF DEATH Month <u>November</u> Day <u>7</u> Year <u>1960</u>
---	---

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/15/77</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
-------------------------	----------------------------------	---	------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Rich Hill, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	--	--	---

13a. FATHER'S NAME <u>Harvie Winchell</u>	13b. MOTHER'S MAIDEN NAME <u>Phoebe Towls</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
--	--	--

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. <u>none</u>	17. INFORMANT <u>Calvin Moore-Kansas City, Mo.</u> Address _____
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio Renal Vascular</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)	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 _____ a.m. _____ p.m. Month, Day, Year _____	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.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
---	---	--	--

21. I attended the deceased from <u>August 1958</u> to <u>Nov 7 1960</u> and last saw <u>alive on</u> <u>Nov 7 1960</u> Death occurred at <u>3:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.
--

21a. SIGNATURE <u>[Signature]</u> (Degree or title)	21b. ADDRESS <u>Rich Hill Mo</u>	21c. DATE SIGNED <u>Nov 9 1960</u>
--	-------------------------------------	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	23b. DATE <u>11/16/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newcomers Crematory</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
---	------------------------------	--	---

24. FUNERAL DIRECTOR <u>Booth Funeral Serv. Rich Hill, Mo.</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>11-14-60</u>	26. REGISTRAR'S SIGNATURE <u>Hustardwike M.</u>
--	---	--

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 John G. Charles

Licensed Embalmer No. 358

P. O. Address Butler

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