

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046957

FILED VS DEC 27 1960

STATE FILE NUMBER

Registration District No. 271 Primary Registration District No. Registrar's No. 277

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Nodaway						
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clearmont		Length of stay in lb 51 yrs		c. CITY OR TOWN Clearmont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION In the Home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Mary Middle Rose Last Moore				4. DATE OF DEATH Month December Day 20 Year 1960						
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 12/8/1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Clearmont Missouri		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME Thomas D. Garrett			13b. MOTHER'S MAIDEN NAME Florence Wilson			14. NAME OF HUSBAND OR WIFE Silas E. Moore				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Harold Moore		Address Maryville, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Smoldering fire in room DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH ?			
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 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.) clothing + chair got a fire from cigarette						
20c. TIME OF INJURY Hour 1 a.m. 12 20 60	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.) Home		20f. CITY, TOWN, OR LOCATION Clearmont		COUNTY Nodaway		STATE MO.
21. I attended the deceased from _____ to 12/20/60 and last saw her/him alive on _____ Death occurred at 1 am on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE B. E. Byland M.D. (Degree or title)					22b. ADDRESS Maryville, MO			22c. DATE SIGNED 12/27/60		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12/22/60	23c. NAME OF CEMETERY OR CREMATORY Clearmont Cemetery			23d. LOCATION (City, town, or county) (State) Clearmont, Missouri				
24. FUNERAL HOME J. H. Hann ADDRESS Burlington Jct Mo			25. DATE REG. BY LOCAL REG. 12-22-60		26. REGISTRAR'S SIGNATURE Bess Holt					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

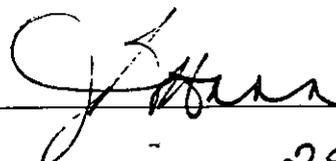
BY AFFIDAVIT OF

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 _____


Licensed Embalmer No. 2986

P. O. Address Burlington
me

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.

