

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047160

FILED VS JAN 3 1961 394

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 4449 Registrar's No. 82

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Reynolds</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ellington</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Reynolds</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>own home</u>		Length of stay in 1b <u>70 yrs</u>		c. CITY OR TOWN <u>Ellington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>William</u>		Middle <u>-</u>		Last <u>Moore, Sr.</u>		Month <u>Dec</u> Day <u>13</u> Year <u>1960</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-5-1882</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food store</u>		11. BIRTHPLACE (City and state or country) <u>St. Francis Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Copeland</u>		14. NAME OF HUSBAND OR WIFE <u>Nell Moore</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>493-36-6070</u>		17. INFORMANT Address <u>Nell Moore, Ellington Mo</u>			
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	
IMMEDIATE CAUSE (a) <u>myocardial infarction</u>						<u>1WK</u>	
DUE TO (b) <u>Myocardial Degeneration</u>						<u>1YR</u>	
DUE TO (c) <u>Obesity & Senility</u>						<u>10YRS</u>	
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>Feb 1959</u> to <u>Dec 13/60</u> and last saw her/him alive on <u>Dec 12/60</u> Death occurred at <u>4:48</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Kenneth T Carter</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>Ellington Mo</u>		22c. DATE SIGNED <u>12-14-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-15-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ellington City</u>		23d. LOCATION (City, town, or county) (State) <u>Ellington Mo</u>	
24. FUNERAL DIRECTOR <u>Pewitt Funeral Home</u> ADDRESS <u>Ellington Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Dec 22-1960</u>		26. REGISTRAR'S SIGNATURE <u>Edna Jarvis</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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Chas S. Penitt

Licensed Embalmer No. 4574

P. O. Address Ellington, Va

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.