

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004302

FILED VS JAN 23 1961 333

Registration District No. _____ Primary Registration District No. 3074 Registrar's No. 8

STATE FILE NUMBER

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b		c. CITY OR TOWN Sikeston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 228 North West St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 228 North West St.	
3. NAME OF DECEASED (Type or print) First Thee Middle O. Last Moore		4. DATE OF DEATH Month Jan. Day 9, Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/21/1881	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 0 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Milling Co.		11. BIRTHPLACE (City and state or country) Mulenberg, Ky.	
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME W. D. Moore		
13b. MOTHER'S MAIDEN NAME Mary Jane Browning			14. NAME OF HUSBAND OR WIFE -----		
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.		
17. INFORMANT Lola Walls, Sikeston, Mo.			Address		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardio-vascular disease					INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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. 1/9/61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 Dec. 23, 1960 to Jan. 6, 1961 and last saw ^{her} him alive on Jan. 6, 1961 Death occurred at 7:50 AM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Alvin Sargent M.D.</i>			22b. ADDRESS 707 Tanner Street		22c. DATE SIGNED 1/9/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/11/1960	23c. NAME OF CEMETERY OR CREMATORY Garden Of Memories		23d. LOCATION (City, town, or county) (State) Sikeston, Mo.	
24. FUNERAL DIRECTOR Albritton Funeral Home Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. 1-10-61		26. REGISTRAR'S SIGNATURE <i>Max Ella Hunter</i>	

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 John A. Shoenman
Licensed Embalmer No. 14086
P. O. Address Malden

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.