

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004337

FILED VS FEB 9 1961

338

Primary Registration District No. 6148

Registrar's No. 1

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bloomfield		Length of stay in 1b --		c. CITY OR TOWN Bloomfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Died in cab of Pick-up Truck			Inside Limits	d. STREET ADDRESS (If outside, give location) Route # 2,			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SAIL Middle S. Last MOORE				4. DATE OF DEATH Month Jan. Day 25, Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jul. 2-1900	9. AGE (last birthday) 60	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Crop & Cattle		11. BIRTHPLACE (City and state or country) Bloomfield,		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WM. B. MOORE			13b. MOTHER'S MAIDEN NAME MATTIE SHELBY		14. NAME OF HUSBAND OR WIFE RUBY MOORE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO.				17. INFORMANT Address Ruby Moore, Bloomfield, Mo. Rt. 2.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary oculison						INTERVAL BETWEEN ONSET AND DEATH sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) No medical attendant---investigation made by coroner and no evidence of foul play found.					
		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 Month, Day, Year a.m. p.m.							
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 _____ to _____ and last saw her/him alive on _____ Death occurred at Appx. 7 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Marsh Watkins Coroner				22b. ADDRESS Dexter, Mo.		22c. DATE SIGNED 1-31-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 28-61	23c. NAME OF CEMETERY OR CREMATORY South Pleasant Valley		23d. LOCATION (City, town, or county) (State) Stoddard county, Missouri			
24. FUNERAL DIRECTOR ADDRESS CHILES UND. CO., BLOOMFIELD, MO.			25. DATE RECD. BY LOCAL REG. 2-4-61		26. REGISTRAR'S SIGNATURE Mrs. George L. Baker		

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,

& by Lulu Cooper # 3499

OS 25263 License No. _____

X

~~Working under personal supervision~~

Student _____

Signature of Student Embalmer

Signed _____

Lulu C. Cooper

License No. 4119

P. O. Address Bloomfield, Mo.

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.