

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006110

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 48

AMENDED

FILED VS MAR 8 1961

a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla RT 2</u>		e. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RT. 2</u>		c. CITY OR TOWN <u>Rolla</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt 2 Rolla</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>MARCUS MARION MOORE</u>			4. DATE OF DEATH Month Day Year <u>Feb 20 1961</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Jan 11 - 1902</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during <u>1</u> yr of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		11. BIRTHPLACE (City and state or country) <u>Newburg Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Evan Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Vance Hawkins</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>Nellie Ballard Pecos Tex.</u>		

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 thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. + Pulmonary insufficiency due to pulmonary edema

DUE TO (b) +

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 12 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Ruptured gastric ulcer + possible coronary

PART III. If deceased was female was there pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 Feb 14, 61 to Feb 20, 61 and last saw her/him alive on Feb 20, 61. Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Richard Myers MD</u>	22b. ADDRESS <u>Newburg Mo</u>	22c. DATE SIGNED <u>Feb 20, 61</u>
---	-----------------------------------	---------------------------------------

23a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-21-61</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Newburg</u>	23d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u>
---	-----------------------------	---	--

24. FUNERAL DIRECTOR <u>LEE JOHNSON</u>	ADDRESS <u>Newburg Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 21, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Nadene L Stoll</u>
--	------------------------------	--	--

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 William L Strawhens

Licensed Embalmer No. 5043

P. O. Address Newburg 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.