

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007282

STATE FILE NUMBER

AMENDED

Registration District No. 325

Primary Registration District No. 4477

Registrar's No. 7

FILED VS FEB 27 1961

1. PLACE OF DEATH a. COUNTY <b>SCHUYLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCHUYLER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>GLENWOOD</b>		Length of stay in 1b <b>92 Yr.</b>	c. CITY OR TOWN <b>GLENWOOD</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits 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) First Middle Last <b>SARAH FRANCES MOORE</b>			4. DATE OF DEATH Month Day Year <b>FEB. 16, 1961</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 17, 1868</b>	9. AGE (last birthday) <b>92</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and state or country) <b>GLENWOOD, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>JOSEPH MC DOWELL</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISA BURGIN</b>		14. NAME OF HUSBAND OR WIFE <b>CLYDE MOORE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>MRS. DORSEY WATKINS, GLENWOOD, MO.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Transition and debilitation + medullary fracture</i>		INTERVAL BETWEEN ONSET AND DEATH  <b>Year</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Hypertensive Cardiovascular disease</i>	
	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	
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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 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 **1-26-61** to **Feb. 16, 1961** and last saw ~~her~~ **her** alive on **Feb. 15, 1961**  
Death occurred at **2:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>H. R. Stoker, D.O.</b>	(Degree or title)	22b. ADDRESS <b>Lancaster, Mo.</b>	22c. DATE SIGNED <b>2-20-61</b>
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23a. BURIAL-CREMATATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2-18-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GLENWOOD I.O.O.F. CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>GLENWOOD, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>LOCAL'S FUNERAL HOME</b>	ADDRESS <b>LANCASTER, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>2-22-61</b>	26. REGISTRAR'S SIGNATURE <b>Derry Stacey</b>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ



**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 Walter Foster

Licensed Embalmer No. 4742  
P. O. Address Fuksville 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.