

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007990

STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5242 Registrar's No. 16

AMENDED

FILED APR 4 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH 4 1961

a. COUNTY **CHARITON**

b. CITY (If outside corporate limits, give TOWNSHIP only) **WEIN (Be Branch township) Missouri** Length of stay in 1b

c. CITY OR TOWN **Trenton** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **213 W. 6TH.** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY ~~CHARITON~~

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

MAGGIE OZELMA MOORE **3 - 31 - 1961**

5. SEX **F** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10-4-1917** 9. AGE (last birthday) **43**

IF UNDER 1 YEAR Months **5** Days **27** IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **MADISON MO.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Wm Smith** 13b. MOTHER'S MAIDEN NAME **JULIA SMITH** 14. NAME OF HUSBAND OR WIFE **TROY MOORE**

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. **UNKNOWN** 17. INFORMANT Address **REV. CREUDER DUNSMVILLE MO**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **SKULL FRACTURE** INTERVAL BETWEEN ONSET AND DEATH **Second**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Automobile accident**

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **Collision of Two Automobile**

20c. TIME OF INJURY Hour **7:05** a.m. **3/31/61** Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **N Highway #129** 20f. CITY, TOWN, OR LOCATION **Chariton County** COUNTY **Mo.** STATE

21. I attended the deceased from **7:05** to **P** and last saw him alive on

Death occurred at **7:05** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **N.D. Gurnett** 22b. ADDRESS **Grange of Chariton County Keytesville Mo** 22c. DATE SIGNED **4/1/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **4-4-1961** 23c. NAME OF CEMETERY OR CREMATORY **SUNSET HILLS** 23d. LOCATION (City, town, or county) **MADISON Mo.** (State)

24. FUNERAL DIRECTOR **Miller-Tillotson** ADDRESS **Mo.** 25. DATE RECD. BY LOCAL REG. **4-1-61** 26. REGISTRAR'S SIGNATURE **Opal L. Spence**

VS APR 18 1961

VS MAY 1 1961

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 K. Tullatone

Licensed Embalmer No. 4508

P. O. Address Manelline

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.