

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009669

STATE FILE NUMBER

AMENDED

Registration District No. 385 Primary Registration District No. 3a39 Registrar's No. 19

FILED APR 4 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LINN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>MAZELER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u>		Length of stay in 1b	c. CITY OR TOWN <u>Trenton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>213 W. 6th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WELDA</u> Middle <u>JEAN</u> Last <u>MOORE</u>			4. DATE OF DEATH Month <u>4</u> - Day <u>1</u> - Year <u>1961</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-26-1901</u>	9. AGE (last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during <u>most of working</u> life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BIBLE COLLEGE</u>		11. BIRTHPLACE (City and state or country) <u>MODERLY MO</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>TROY MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or <u>unknown</u>) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		
17. INFORMANT <u>REV. GREUBER</u>		Address <u>BYRONVILLE MO.</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) <u>SKULL FRACTURE</u>		DUE TO (b) <u>Automobile accident</u>		DUE TO (c) <u></u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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 checked="" 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.) <u>Collision of two automobiles</u>				
20c. TIME OF INJURY Hour <u>7:05</u> a.m. <u></u> Month, Day, Year <u>3/31/61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 129</u>		
20f. CITY, TOWN, OR LOCATION <u>Chauton</u>		COUNTY <u>County MO</u>		STATE <u>MO</u>		
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at <u>10:30</u> <u>P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>H.D. Ernst</u>			22b. ADDRESS <u>Coroner of Chauton County</u>		22c. DATE SIGNED <u>4/1/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-4-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILLS</u>		23d. LOCATION (City, town, or county) (State) <u>MADISON MO.</u>		
24. FUNERAL DIRECTOR <u>MILLER-Tillotson</u>		ADDRESS <u>MARCELINE</u>		25. DATE RECD. BY LOCAL REG. <u>4-1-1961</u>	26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>	

JUN 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 Libbun K Tielata

Licensed Embalmer No. 4508

P. O. Address Marceline 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.