

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-010352**

AMENDED

Registration District No. 3/6 Primary Registration District No. 3060 Registrar's No. 124 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>ST FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST FRANCOIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>FARMINGTON MO</b>		c. CITY OR TOWN <b>DOE RUN</b>	
Length of stay in 1b- _____		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WHITE WAY NURSEING H.</b>		d. STREET ADDRESS (If outside, give location) <b>GEN DEL.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>OLIVER HAYDEN MOORE</b>			4. DATE OF DEATH Month Day Year <b>MAR. 30 1961</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/16/76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>84</b>
		11. BIRTHPLACE (City and state or country) <b>AVON MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>JAMES MOORE</b>		13b. MOTHER'S MAIDEN NAME <b>MEEKIE HAMM</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>HENRY MOORE FARMINGTON MO RT.# 3</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) <b>Hypostatic Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral apoplexy</b>			<b>3 days</b>
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 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 <b>Mar. 20, 1961</b> to <b>Mar. 30, 1961</b> and last saw her/him <b>Mar. 29, 1961</b> Death occurred at <b>9:45 am</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L.M. Stanley</b> (Degree or title)		22b. ADDRESS <b>Farmington mo</b>	
22c. DATE SIGNED <b>3/31/61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4/1/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CHRISTIAN</b>	23d. LOCATION (City, town, or county) (State) <b>LIBERTY VILLE MISSOURI</b>
24. FUNERAL DIRECTOR <b>C.H.COZEAN FARMINGTON MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 31, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>

**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 C. H. Cozeman  
04084  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address Farmington, Me.

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.