

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018197

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 4300 Registrar's No. 72

AMENDED

FILED MAY 23 1961

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>LINN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LACLEDE</u>		c. CITY OR TOWN <u>LACLEDE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ORISSA JANE MOORE</u>			4. DATE OF DEATH Month Day Year <u>5-18-1961</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-22-79</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>BROWNING, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>ANDREW J. COTTER</u>		13b. MOTHER'S MAIDEN NAME <u>PIPES</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN MILTON MOORE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>JACK MOORE</u> Address <u>LACLEDE, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		<u>Myocarditis Chronic</u>		<u>10 hrs</u>
DUE TO (b)		<u>Hypertension</u>		<u>10 yrs</u>
DUE TO (c)		<u>Atherosclerosis</u>	<u>10 yrs</u>	
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 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 <u>1955</u> to <u>5-18-61</u> and last saw her alive on <u>5-17-61</u>	COUNTY	STATE
21. I attended the deceased from <u>12:15 noon</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>W B Simpson</u> (Degree or title)	22b. ADDRESS <u>Brookfield Mo</u>	22c. DATE SIGNED <u>5/18/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 21, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LACLEDE CEMETERY</u>	23d. LOCATION (City, town, or county) <u>LACLEDE Mo</u>

24. FUNERAL DIRECTOR <u>WRIGHT FUNERAL HOME, LACLEDE, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-19-61</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 C. H. Wright, Student Embalmer No. 625
working under my personal supervision.

Student C. H. Wright
Signature of Student Embalmer

Signed Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Ill.

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.