

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020226

STATE FILE NUMBER

Registration District No. 279 Primary Registration District No. 6287 Registrar's No. 20

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED JUN 12 1961**

1. PLACE OF DEATH  
 a. COUNTY Wright  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mansfield Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION \_\_\_\_\_ Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Douglas  
 c. CITY OR TOWN Ava, Missouri Inside Limits Yes  No   
 d. STREET ADDRESS Route Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
James Ronald Moore May 30, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-12-40 9. AGE (last birthday) 20 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming with his father 10b. KIND OF BUSINESS OR INDUSTRY Father 11. BIRTHPLACE (City and state or country) Appleton City, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Wilson Moore 13b. MOTHER'S MAIDEN NAME Wanita Chlotele Hutton 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) No 16. SOCIAL SECURITY NO. None 17. INFORMANT James Wilson Moore, R.1, Ava, Mo. Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) accidental gun shot  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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.  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.) \_\_\_\_\_

20c. TIME OF INJURY Hour 3 Month, Day, Year 5-30-61 p.m.

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.) 1 1/2 miles East of Mansfield, Wright County, Mo. 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James Baker, Sheriff, Acting Coroner 22b. ADDRESS \_\_\_\_\_ 22c. DATE SIGNED \_\_\_\_\_

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-1-61 23c. NAME OF CEMETERY OR CREMATORY Huffman 23d. LOCATION (City, town, or county) (State) Ava, Missouri

24. FUNERAL DIRECTOR Inkingbeard Funeral Home, Ava, Mo. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 6-4-61 26. REGISTRAR'S SIGNATURE Ann R. ...

**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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon 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.