SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-020550
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 176.

FILED JUL 11 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b: numutes
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): M.O.P. RR 1½ miles East Poplar Bluff, Mo. Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt #3 Box 394 Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First MARVIN Middle JAMES Last MOORE

4. DATE OF DEATH: Month June Day 28 Year 1961

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH:
9. AGE (last birthday): 43
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: unemployed
11. BIRTHPLACE (City and state or country): Wayne County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James D. Moore
13b. MOTHER'S MAIDEN NAME: Alta Dawson
14. NAME OF HUSBAND OR WIFE: Maxine Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT: Maxine Moore (wife) Address Rt #3 Box 394 Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Traumatism by Railroad Train — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Run over by a R.R. Train
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.): Run over by Train
20c. TIME OF INJURY: Hour 8:37 a.m. p.m. Month, Day, Year 6-28-61
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.): Railroad right of way
20f. CITY, TOWN, OR LOCATION: Poplar Bluff **COUNTY**: Butler **STATE**: Mo

21. I attended the deceased from _____, to _____ and last saw her/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): Grover C Green Coroner
22b. ADDRESS: Poplar Bluff Mo
22c. DATE SIGNED: 7-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-3-61
23c. NAME OF CEMETERY OR CREMATORY: Rucker
23d. LOCATION (City, town, or county) (State): Wayne County, Mo

24. FUNERAL DIRECTOR: Russell-Ermert **ADDRESS**: Corning, Ark.
25. DATE RECD. BY LOCAL REG.: 7/8/1961
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 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 Richard O. Ermer

Licensed Embalmer No. 782

P. O. Address Corning, Fl

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.