

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-61-021853
State File No.

FILED JUL 5 1961

0595

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. ¹⁸⁷ 187	PRIMARY REG. DIST. NO. 3040	Registrar's No. 118
1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and before) a. STATE Missouri b. COUNTY Grundy		
b. CITY OR TOWN Chillicothe	c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Laredo 0400	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital		e. STREET ADDRESS (If rural, give location) ✓		
3. NAME OF DECEASED (Type or Print) a. (First) Alvin b. (Middle) Theodore c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) June 25 1961		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widowed	8. DATE OF BIRTH May 19 1876	9. AGE (In years) (last birthday) 85 1 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm.	11. BIRTHPLACE (City and State or Foreign Country) Grundy County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
13a. FATHER'S NAME Willie Moore		13b. MOTHER'S MAIDEN NAME Sarah Chaney	14. NAME OF HUSBAND OR WIFE Leona Alice Moore	
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'S SIGNATURE OR NAME (Print) ADDRESS 1165 O.S. Colwell 753 Balje	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pneumonia, Bronchial bilateral		INTERVAL BETWEEN ONSET AND DEATH 6 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 491X		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 7, 1961, to June 25, 1961, that I last saw the deceased alive on June 24, 1961, and that death occurred at 6 A.M. from the causes and on the date stated above.				
23a. SIGNATURE Joseph Conrad M.D. Chillicothe Mo		23b. ADDRESS		23c. DATE SIGNED June 25-61
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/27/1961	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Laredo Mo
DATE REC'D BY LOCAL REG. June 25, 1961		REGISTRAR'S SIGNATURE Annalee Taylor		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.T. Robertson Funeral Home Laredo Mo

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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, by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. M. Robertson*.....

Licensed Embalmer No. *4388*.....

P. O. Address *Laredo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.