

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027788
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1838

AMENDED

FILED JUL 19 1961

1. PLACE OF DEATH a. COUNTY <u>ST Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo. Oklahoma</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis 25, Mo.</u>		c. CITY OR TOWN <u>Chandler</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4123 Burnett Dr.</u>		d. STREET ADDRESS (If outside, give location) <u>203 Cleveland</u>	

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>C.</u> Last <u>Moore</u>			4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 1, 1891</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Oil Chemist</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James O. Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Guinn</u>			14. NAME OF HUSBAND OR WIFE <u>Francisca 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>unk.</u>		17. INFORMANT <u>Chandler, Oklahoma Francisca Moore 203 Cleveland,</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH. <u>5 hours</u>
DUE TO (b) <u>Arteriosclerosis</u>			
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		
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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>Chandler</u>		COUNTY <u>Mo</u>		STATE <u>Okla</u>	
21. I attended the deceased from <u>at death</u> and last saw <u>him</u> on <u>8/1/61</u> Death occurred at <u>abt 7 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									

22a. SIGNATURE <u>William D Perry MD.</u> (Degree or title)			22b. ADDRESS <u>100 N Euclid St. Chandler Mo</u>			22c. DATE SIGNED <u>7/13/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>7-3-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chandler Cem.</u>			23d. LOCATION (City, town, or county) (State) <u>Chandler, Okla</u>		

24. FUNERAL DIRECTOR ADDRESS <u>Southern Funeral Home 6322 S. Grand, St. Louis, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>7-3-61</u>		26. REGISTRAR'S SIGNATURE <u>John C. Manly M.D.</u>		
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DATE SIGNED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

Dr. W. Berry
100 on Euclid

Bureau Vital Statistics
801 S. Brentwood Blvd

Pa 6-1100

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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address St. Louis 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.