

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-029791

STATE FILE NUMBER

AMENDED

Registration District No. 146
 FILED AUG 29 1961

Primary Registration District No. 3026

Registrar's No. 425

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>LAFAYETTE</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		Length of stay in lb <u>3 hours</u>		c. CITY OR TOWN <u>BATES CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Independence Hosp</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>City</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>DORMA LEE MOORE</u>				4. DATE OF DEATH Month Day Year <u>August 15 1961</u>					
5. SEX <u>Female</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>Sept 27 1923</u>		9. AGE (last birthday) <u>37</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Phillipsburg, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charles Wilkerson</u>			13b. MOTHER'S MAIDEN NAME <u>Lola Clark</u>			14. NAME OF HUSBAND OR WIFE <u>James 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>James Moore</u>		Address <u>Bates City Mo</u>		
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>fractured Cervical spine</u> DUE TO (b) <u>cord compression</u> DUE TO (c) <u>compression fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>3 hours</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"/> N- <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Fell From moving truck</u>					
20c. TIME OF INJURY Hour <u>11:30 AM</u> Month, Day, Year <u>8/15/61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>							
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5/14 Hwy # 40</u>		20f. CITY, TOWN, OR LOCATION <u>14 mil West of Odessa</u>		COUNTY <u>Lafayette</u>		STATE <u>MO</u>			
21. I attended the deceased from <u>8/15/61</u> to <u>8/15/61</u> and last saw her alive on <u>8/16/61</u> Death occurred at <u>1:50 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Field Smith MD.</u>				22b. ADDRESS		22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/18/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bates City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bates City MO</u>			
24. FUNERAL DIRECTOR <u>Webb Funeral Home</u>			ADDRESS <u>Oak Grove MO</u>		25. DATE RECD. BY LOCAL REG. <u>8-18-61</u>		26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>		

MS AUG 30 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 William Free

Licensed Embalmer No. 4733

P. O. Address Blue Springs

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.