

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032255

STATE FILE NUMBER

AMENDED

Registration District No. 73 Primary Registration District No. 5301 Registrar's No. 96

FILED OCT 4 1961

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Franlin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shoal	Length of stay in 1b Mins.	c. CITY OR TOWN Wellsville	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Highway 69		d. STREET ADDRESS (If outside, give location) Wellsville	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Janet Louisa Moore			4. DATE OF DEATH Month Day Year 9-24-1961		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 10-1955	9. AGE (last birthday) 6	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Lawrance Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Walter E Moore		13b. MOTHER'S MAIDEN NAME Freda Mathes		14. NAME OF HUSBAND OR WIFE None	
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 Address Freda Moore Wellsville Kansas		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Multiple fractures of the cranium		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Auto Wreck 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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Head on Collision	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 6.45 pm p.m. 9-24-61	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.S. High Way 69		20f. CITY, TOWN, OR LOCATION Clinton Co., Missouri	COUNTY STATE
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) <i>Cameron Missouri</i>		22b. ADDRESS Cameron Missouri	22c. DATE SIGNED 9-24-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-25-61	23c. NAME OF CEMETERY OR CREMATORY Wellsville Kansas	
24. FUNERAL DIRECTOR Poland Funeral Home Cameron Mo,		25. DATE RECD. BY LOCAL REG. 9-25-61	26. REGISTRAR'S SIGNATURE <i>Francis D Crawford</i>

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

NOV 9 1961
JAN 4 1962

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 Robert J Peloué

Licensed Embalmer No. 4777
222 West 3rd St
P. O. Address Channahon, Ill

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.