

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033384

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 99
FILED OCT 11 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP IMPERIAL		c. CITY OR TOWN IMPERIAL	
Length of stay in 1b 13 YRS		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OLD STATE ROAD		d. STREET ADDRESS (If outside, give location) OLD STATE ROAD	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CLIFFORD W. MORICE			4. DATE OF DEATH Month Day Year SEPT 30 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC 22 1905
9. AGE (last birthday) 55		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) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL CARPENTER	11. BIRTHPLACE (City and state of country) ST. GENEVIEVE MO
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME ALFERD MORICE	
13b. MOTHER'S MAIDEN NAME ELIZABETH SEXAUER		14. NAME OF HUSBAND OR WIFE VIOLA MORICE	
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. VILOA MORICE IMPERIAL MO	
17. INFORMANT VILOA MORICE IMPERIAL MO		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterial Sclerotic Heart Disease			1
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 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 Month, Day, Year s.m. p.m.			
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	COUNTY STATE
21. I attended the deceased from 3/3/59 to 9/30/61 and last saw ^{her} him alive on 9/13/61 Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles Burnside M.D.		22b. ADDRESS 206 W Argonne National 22	22c. DATE SIGNED 10/2/61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT 4, 1961	23c. NAME OF CEMETERY OR CREMATORY OUR REDEEMER	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO
24. FUNERAL DIRECTOR HELLIGTAG IMPERIAL MO		25. DATE RECD. BY LOCAL REG. 10-4-61	26. REGISTRAR'S SIGNATURE Robert E. Bauer

OCT 25 1961

OCT 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 Elmer A. Hightag

Licensed Embalmer No. 3571

P. O. Address Imperial 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.