

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-035602

STATE FILE NUMBER

AMENDED

FILED SEP 20 1961

Primary Registration District No. 6152

Registrar's No. 72

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Stoddard</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Stoddard</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Dexter</i>		c. CITY OR TOWN <i>Dexter</i>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Green Meadows Rest Home</i>		d. STREET ADDRESS (If outside, give location) <i>Crane Street</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Jesse</i> Middle <i>Julian</i> Last <i>Moye</i>			4. DATE OF DEATH Month <i>September</i> Day <i>4</i> Year <i>1961</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11-8-1883</i>	9. AGE (last birthday) <i>77</i>	IF UNDER 1 YEAR Months <i>9</i> Days <i>26</i>	
				IF UNDER 24 HR Hours <i></i> Min. <i></i>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Steve Mill Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Wadesville, Ind.</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Jesse L. Moye</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah</i>		14. NAME OF HUSBAND OR WIFE <i>Lela Gay Moye</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				17. INFORMANT Address <i>Mrs. Lela Gay Moye, Dexter, Missouri</i>			

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) <i>Cardiac arrest</i>		
DUE TO (b) <i>Uremia</i>		
DUE TO (c) <i>Hypertension</i>		

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 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 <i></i> Month, Day, Year <i></i> a.m. <i></i> p.m. <i></i>			
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from *August 17, 1961* to *September 4, 1961* and last saw *him* alive on *September 3, 1961*  
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) <i>Benjamin D. Lewis, D. O.</i>	22b. ADDRESS <i>Dexter, Missouri</i>	22c. DATE SIGNED <i>9-6-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9-6-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Hagy</i>	23d. LOCATION (City, town, or county) (State) <i>Dexter, Missouri</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Rainey Funeral Home, Dexter, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>9-12-61</i>	26. REGISTRAR'S SIGNATURE <i>Velma D. Jenkins</i>
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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,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lucille Rainey  
Licensed Embalmer No. 4983

P. O. Address Dayton, 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.