

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-039995  
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 336

FILED NOV 27 1961

|                                                                                                                      |  |                                                                                                                                      |                                                                  |
|----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Adair</b>                                                                          |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Grundy</b> |                                                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Kirksville</b>                                       |  | Length of stay in 1b<br><b>4 hrs.</b>                                                                                                | c. CITY OR TOWN<br><b>Galt</b>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>Kirksville Osteopath. Hosp.</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                 | d. STREET ADDRESS (If outside, give location)<br><b>R. R. #2</b> |
| Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |  |                                                                                                                                      |                                                                  |

|                                                                                                                          |                                  |                                                                                                                                                             |                                                                                    |                                                      |                                                |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------|
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>MERRILL</b> Middle <b>FRANKLIN</b> Last <b>MOORE</b>                  |                                  |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>16</b> Year <b>1961</b>           |                                                      |                                                |
| 5. SEX<br><b>male</b>                                                                                                    | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8/30/1901</b>                                               | 9. AGE (last birthday)<br><b>60</b>                  |                                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>             |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>                                                                                                         | 11. BIRTHPLACE (City and state or country)<br><b>Grundy Co., Mo.</b>               |                                                      | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b> |
| 13a. FATHER'S NAME<br><b>L. M. Moore</b>                                                                                 |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Lula Barr</b>                                                                                                               |                                                                                    | 14. NAME OF HUSBAND OR WIFE<br><b>Lorene Winfrey</b> |                                                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |                                  |                                                                                                                                                             | 17. INFORMANT<br>Address<br><b>Lorene Winfrey-Galt, Mo. RR. #2</b><br><b>Moore</b> |                                                      |                                                |

|                                                                                                                                   |                                            |                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |                                            | INTERVAL BETWEEN ONSET AND DEATH                                                                                                                                     |
| IMMEDIATE CAUSE (a) <b>Acute left ventricular failure</b>                                                                         |                                            |                                                                                                                                                                      |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                                        | DUE TO (b) <b>Myocardial infarction</b>    |                                                                                                                                                                      |
|                                                                                                                                   | DUE TO (c) <b>Coronary atherosclerosis</b> |                                                                                                                                                                      |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|                                                                                                        |                                                                                                           |                                                                                              |              |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" 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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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                                                                 | COUNTY STATE |

21. I attended the deceased from 11-16-61 to 11-16-61 and last saw <sup>her</sup>him alive on 11-16-61  
Death occurred at 11-16-61 6:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|                                                                  |                                      |                                                        |
|------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>Marion W. Borne, M.D.</b> | 22b. ADDRESS<br><b>Kirksville Mo</b> | 22c. DATE SIGNED<br><b>11-17-61</b>                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>       | 23b. DATE<br><b>11/19/1961</b>       | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Galt, Mo.</b> |
| 23d. LOCATION (City, town, or county)<br><b>Galt, Mo.</b>        |                                      | (State)                                                |

|                                                                                                           |                                                   |                                                     |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| 24. FUNERAL DIRECTOR<br><b>Dee Riley Funeral Home, Inc.</b><br>415 North Franklin<br>Kirksville, Missouri | 25. DATE RECD. BY LOCAL REG.<br><b>Nov. 18-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>Dora W. Battiff</b> |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

DAVID W. BOONE, D.O.

**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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Richmond, 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.