

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-042136

AMENDED

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 445 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) Desloge		Length of stay in 1b 25 years	c. CITY OR TOWN Desloge
c. FULL NAME OF (If NOT in hospital, give location) At home 105 -5th. St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 105 - 5th. St.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Monta Middle William Last Moore			4. DATE OF DEATH Month November Day 17th. Year 1961		
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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. 13, 1893 - 68	9. AGE (last birthday)	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner	10b. KIND OF BUSINESS OR INDUSTRY Lead Mining	11. BIRTHPLACE (City and state or country) Frankclay, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Moore	13b. MOTHER'S MAIDEN NAME Jewett Clay	14. NAME OF HUSBAND OR WIFE Edna Miller Moore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I	17. INFORMANT Kenneth Moore, Desloge, Missouri
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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 3 years - 10 years
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) + Pulmonary emphysema	
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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 _____
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21. I attended the deceased from 1947 to Nov 17, 1961 and last saw ^{her}him alive on Nov 17, 1961
Death occurred at 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. L. Foster</i> (Degree or title) MLS	22b. ADDRESS Desloge Mo	22c. DATE SIGNED 11-17-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/19/1961	23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Pk	23d. LOCATION (City, town, or county) (State) St. Francois Co. Missouri
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24. FUNERAL DIRECTOR C.Z. Boyer & Son, Desloge, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 17, 1961	26. REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1961 NOV 22 AON SA

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 B. T. Boyer

Licensed Embalmer No. 3666

P. O. Address Sealodge

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.