

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046660

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** VC1213356

Primary Registration District No. **1003** sl26119

Registrar's No. **11430**

STATE FILE NUMBER

AMENDED

FILED DEC 18 1961

DATE AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis	Length of stay in 1b 2 DAYS	c. CITY OR TOWN Flat River, Mo.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet Adm Hosp, St Louis		d. STREET ADDRESS 116 Fifth St. (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Jesse Isom Moore			4. DATE OF DEATH Month Day Year Dec 7, 1961			
5. SEX Male	6. COLOR OR RACE White	7. Marital Status Widowed Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/17/89	9. AGE (last birthday) 72	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Miner	11. BIRTHPLACE (City and state or country) Marbel Hill, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Reese Moore		13b. MOTHER'S MAIDEN NAME Rachel E. Yandel		14. NAME OF HUSBAND OR WIFE Pearl Moore		

15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 7/29/1910/12/28/'18		17. INFORMANT Pearl Moore 116 Fifth St Flat River	
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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
IMMEDIATE CAUSE (a) GARDIAC ARREST			
DUE TO (b) PULMONARY EDEMA			
DUE TO (c) PAROXYSMAL ATRIAL TACHYCARDIA 4/2:00			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE ; @ I BLEEDING		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 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 12/5/61 to 12/7/61 and last saw him alive on 12/7/61 Death occurred at 5:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22. SIGNATURE (Degree or title) Richard P. Parson, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 12/7/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-10-61	23c. NAME OF CEMETERY OR CREMATORY FLAT RIVER CEM.	23d. LOCATION (City, town, or county) (State) FLAT RIVER MO.
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24. FUNERAL DIRECTOR RAYMOND CALDWELL	ADDRESS FLAT RIVER MO.	25. DATE RECD. BY LOCAL REG. DEC 8 1961	26. REGISTRAR'S SIGNATURE Road Smith, M.D.
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INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

DEC 19 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.

not embalmed

Student _____
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, Ma.

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.