

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009322

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 733

FILED MAR 8 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14003
205002

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>High Ridge</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. #1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Scott D.</u> Middle <u>Moore</u> Last			4. DATE OF DEATH Month <u>3</u> Day <u>2</u> Year <u>62</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/20/61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Not employed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u> Hours <u>---</u> Min. <u>---</u> IF UNDER 24 HR Hours <u>---</u> Min. <u>---</u>
11a. BIRTHPLACE (City and state or country) <u>Kirkwood, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David W. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Stubbelfield</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>David W. Moore</u> Address <u>Route 1, High Ridge Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INTESTINAL OBSTRUCTION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>INCARCERATED RT. INGUINAL HERNIA</u> DUE TO (c) <u>---</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>HYDROCELE OF RT. CHORD</u> 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			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>36 hrs</u>
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 <u>---</u> 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 <u>MARCH 1, '62</u> to <u>MARCH 2, '62</u> and last saw him alive on <u>MARCH 2, '62</u> Death occurred at <u>5:50</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert C. Schaan M.D.</u> (Degree or title)		22b. ADDRESS <u>9293 WATSON RD. ST. L. 26</u>	22c. DATE SIGNED <u>3/2/62</u>
23a. BURIAL, CREMATION, REMOVAL, etc. <u>REMOVED</u>	23b. DATE <u>3-3-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Martin's</u>	23d. LOCATION (City, town, or county) (State) <u>High Ridge, Mo.</u>
24. FUNERAL DIRECTOR <u>Frohwitter-Miller</u> ADDRESS <u>High Ridge, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>3-2-62</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Neill D. Holvitt

Licensed Embalmer No. 3696

P. O. Address High Ridge 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.