

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011624-  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 57

**FILED MAR 28 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>JASPER</b>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>CARTHAGE</b>   |   | Length of stay in 1b<br><b>17 YRS.</b>  | c. CITY OR TOWN <b>CARTHAGE</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>MCCUNE BROOKS HOSPITAL</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>422 S. ORNER</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>        |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>ELI PINKNEY MOXLEY</b>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>3/21/62</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>5/31/69</b>   |
| 9. AGE (last birthday)<br><b>92</b>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>GROGER</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>GENERAL STORE</b>   | 11. BIRTHPLACE (City and state or country)<br><b>ILLINOIS U.S.A.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13. FATHER'S NAME<br><b>JOHN MOXLEY</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>LOUISA WICK</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>MARIE PONCE MOXLEY</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 NO</b>                                |   | 16. SOCIAL SECURITY NO.<br><b>NONE</b>  | 17. INFORMANT<br>Address<br><b>MRS. E. P. MOXLEY, CARTHAGE, MO.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis, Generalized</b>              |   |   | <b>unknown</b>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 <b>1/20/55</b> to <b>12/25/61</b> and last saw him alive on <b>3/21/62</b>  |   | Death occurred at <b>2:32 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                       |  |
| 22a. SIGNATURE<br><i>Sharon S. Patterson</i> (Deceased or title)   |   | 22b. ADDRESS<br><b>M.D. 510 S. MAIND, CARTHAGE, MO.</b>   | 22c. DATE SIGNED<br><b>3/22/62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   | 23b. DATE<br><b>3/23/62</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>DIAMOND CEMETERY</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>DIAMOND, MO.</b>   |
| 24. FUNERAL DIRECTOR<br><b>ULMER FUNERAL HOME, CARTHAGE, MO.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-22-62</b>  | 26. REGISTRAR'S SIGNATURE<br><i>My Clinton</i>   |

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

*Melvin Garrett*

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.