# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015954
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0595
2 0595
3 2
4 0
5 2
6
7 0
8 0
9 9030
10 20
11 059
12 1-2
13 1-0

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 81

FILED APR 17 1962

1. PLACE OF DEATH
a. COUNTY LIVINGSTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE
Length of stay in 1b: 1 WEEK
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY LIVINGSTON
c. CITY OR TOWN CHILLICOTHE
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 904 ELM ST.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle WALLACE Last MOORE

4. DATE OF DEATH: Month APRIL Day 8 Year 1962

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 4/3/1866

9. AGE (last birthday): 96
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER, MERCHANT & REALTOR

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): CHILLICOTHE, MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILIE MOORE

13b. MOTHER'S MAIDEN NAME: ELIZA J. GRICE

14. NAME OF HUSBAND OR WIFE: ARTELIA F. SHIFLET

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS. MAREE MAXEY
Address: CHILLICOTHE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Impacted Fracture Rt Hip — 5 days
DUE TO (c) Senility
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Pt fell in home - tripped over small rug

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-10-59, to 4-8-62 and last saw him/her alive on 4-8-62
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. W. Matheny MD

22b. ADDRESS: Chillicothe, Mo.

22c. DATE SIGNED: 4/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 4/11/62

23c. NAME OF CEMETERY OR CREMATORY: RESTHAVEN CEMETERY

23d. LOCATION (City, town, or county) (State): CHILLICOTHE, MISSOURI

24. FUNERAL DIRECTOR: NORMAN FUNERAL HOME
ADDRESS: Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG.: Apr. 10, 1962

26. REGISTRAR'S SIGNATURE: Amalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF DOCUMENT

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_____ Signed John P. Rodgers III
Signature of Student Embalmer

Licensed Embalmer No. 4963

P. O. Address CHILLICOTHE, MISSOURI

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.

P. M. Martin