MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-016226
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 87

FILED MAY 15 1962

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti
Length of stay in 1b
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Pemiscot
c. CITY OR TOWN Steele
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Rt 3
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Amy Middle Moore Last
4. DATE OF DEATH Month 4 Day 28 Year 62
5. SEX Female
6. COLOR OR RACE Colored
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH unknown
9. AGE (last birthday) abt 54
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) Home Work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Marshall Co. Miss
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Lee Sykes
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Rosie Moore
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.
17. INFORMANT Rosie Moore Address Steele Mo Rt 3

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) Shock due to Blood loss — INTERVAL BETWEEN ONSET AND DEATH 2 h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Extensive lac Lumbar & Sacral Spine — 2-3 h
DUE TO (c) Auto accident
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Fracture Spine Lumbar & Sacrum
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.) Hit by auto
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 4 28 62 Highway Steele Pemiscot Mo.
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 4/28/62 to 4/28/62 and last saw her/him alive on 4/28/62
Death occurred at 10 30 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE William D. Bryant (Degree or title) M.D.
22b. ADDRESS Hayti Mo
22c. DATE SIGNED 5/2/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-2-62
23c. NAME OF CEMETERY OR CREMATORY Holly Grove
23d. LOCATION (City, town, or county) (State) Steele Mo
24. FUNERAL DIRECTOR Gannon Funeral Home ADDRESS Steele Mo
25. DATE RECD. BY LOCAL REG. 5-7-62
26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

(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
1	0781			
2	0780			
3				
4	3			
5	1			
6				
7	1			
8	2			
9	X			
10				
11	078			
12	1-0			
13	1-0			

USE BLACK INK OR TYPEWRITER RIBBON

Permit not obtained

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 Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address Steele, 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.