

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012839
STATE FILE NUMBER

Registration District No. 375 Primary Registration District No. 6284 Registrar's No. 16

FILED MAY 8 1962

1. PLACE OF DEATH **8 1962**
 a. COUNTY **Wright**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Montgomery Township** Length of stay in 1b **Life**
 c. CITY OR TOWN **Manes** Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jarrett Ford - Highway A** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **General Delivery** Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Wright**
 c. CITY OR TOWN **Manes** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **General Delivery** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Charles Monroe Moore **April 30, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **11/9/1910** 9. AGE (last birthday) **51 Years** 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) **Welder** 10b. KIND OF BUSINESS OR INDUSTRY **Gen. Welding** 11. BIRTHPLACE (City and state or country) **Manes, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John A. Moore** 13b. MOTHER'S MAIDEN NAME **Mary Ellen Evans** 14. NAME OF HUSBAND OR WIFE **Never married**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War 2** 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Address **Mrs Farris Shelby - Manes, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Death by Drowning**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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. 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.) **Car washed off Jarrett Ford Hwy 4 1/2 miles north Manes, Mo**

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.) _____ 20f. CITY, TOWN, OR LOCATION **Manes** COUNTY **Wright** STATE **MO**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at **approximately 8:45 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Dr. Charles M. Croxson Wright** 22b. ADDRESS **Manes, Mo** 22c. DATE SIGNED **5-1-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **5/4/1962** 23c. NAME OF CEMETERY OR CREMATORY **Manes Cemetery** 23d. LOCATION (City, town, or county) (State) **Manes, Missouri**

24. FUNERAL DIRECTOR **Barber Funeral Home - Mtn. Grove, Mo** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **5-5-1962** 26. REGISTRAR'S SIGNATURE **Louise J. Jones**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1140
2 1140
3
4 0
5 0
6
7 0
8 2
9 9298
10 42
11 114
12 91-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 10 1962

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 *George Stapp*

Licensed Embalmer No. 3161

P. O. Address *St. Louis, 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.