

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031822

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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20650

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|--|--|
| FILED AUG 28 1962 | | 1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>MERCER</u> | | a. STATE <u>MO</u> | b. COUNTY <u>MERCER</u> |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PRINCETON</u> | | c. CITY OR TOWN <u>PRINCETON</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u> | | d. STREET ADDRESS (If outside, give location) | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First <u>DOLLIE</u> Middle <u>LEE</u> Last <u>MOORE</u> | | Month <u>AUG</u> Day <u>24</u> Year <u>1962</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-24-1891</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>71</u> |
| 11. BIRTHPLACE (City and state or country) <u>MERCER CO. MO.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>WILLIAM HALL</u> | | 13b. MOTHER'S MAIDEN NAME <u>MELISSA MOORE</u> | 14. NAME OF HUSBAND OR WIFE <u>RAY MOORE</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. | 17. INFORMANT Address <u>ARNOLD MOORE MILLEPOVE MO.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>coronary thrombosis</u> | | | <u>8 hrs.</u> |
| DUE TO (b) XXXXXXXXXXXXXXXXXXXX | | | 6000X |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cancer of liver and rectum</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 |
| 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 a.m. p.m. 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>8-20-62</u> to <u>8-24-62</u> and last saw her/him alive on <u>8-24-62</u> Death occurred at <u>1:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>B. J. Pytell</u> | | 22b. ADDRESS <u>D.O. Princeton, Missouri</u> | 22c. DATE SIGNED <u>8/24/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>8-26-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>GROFF CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>MERCER CO. MO.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>WISE FUNERAL HOME SPICKARD MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>8/27-1962</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.