

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037728

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1250 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 13 1962	
1. PLACE OF DEATH	
a. COUNTY <b>Buchanan</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Goforth Nursing Home</b>	c. CITY OR TOWN <b>St. Joseph</b>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1816 Clay</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First <b>MAUDE</b>	Middle <b>BELLE</b>
Last <b>MORELAND</b>	4. DATE OF DEATH Month <b>November</b> Day <b>2</b> Year <b>1962</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/22/1880</b>
9. AGE (last birthday) <b>82</b>	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) <b>housewife</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Denver, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William McCord</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy Chapman</b>	
14. NAME OF HUSBAND OR WIFE <b>Ora Grant</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Mrs. Dorothy Jensen, 447 V. 17th St. Joseph, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE</b>	
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. <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 s.m. p.m.	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>NOV 1, 1962</b> to <b>NOV 2, 1962</b> and last saw her alive on <b>NOV 1, 1962</b> Death occurred at <b>11:00 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or title) <i>[Signature]</i>	
22b. ADDRESS <b>130 FANSON</b>	
22c. DATE SIGNED <b>11-8-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11/5/1962</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>	
24. FUNERAL DIRECTOR <b>Heston Bowman</b>	
ADDRESS <b>St. Joseph, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>Nov. 9, 1962</b>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

L.H. Pi Per. M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

NOV 15 1962

RECEIVED NOV 15 1962

NOV 27 1962

Exam received 11/5/62

**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 Eugen Wood

Licensed Embalmer No. 3814

P. O. Address 314 South 1st St, H. Joseph, 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.