

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045616

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6149 Registrar's No. 116

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 19 1962	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Lisbon township</u> Length of stay in 1b yrs. <u>    </u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At farm home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u> c. CITY OR TOWN <u>Puxico,</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Route # 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>H.</u> Last <u>Moreland</u>	
4. DATE OF DEATH Month <u>Oct.</u> Day <u>23,</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-19-1887</u>
9. AGE (last birthday) <u>75</u> 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) <u>Farming</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Stock farming</u>	
11. BIRTHPLACE (City and state or country) <u>Marshall, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Moreland</u>	
13b. MOTHER'S MAIDEN NAME <u>Virginia Harris</u>	
14. NAME OF HUSBAND OR WIFE -----	
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. <u>    </u>	
17. INFORMANT <u>Mary Moreland, San Diego, Calif.</u> Address -----	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull, crushed chest</u> 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. <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 checked="" 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.) <u>Accidentally tripped and fell in silage cutter on his farm.</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>3 P.M. 10-23-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>farm home</u>	
20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Puxico, Route # 2, Stoddard, Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>3 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Marsh Wilkins Coroner</u>	
22b. ADDRESS <u>Dexter, Missouri</u>	
22c. DATE SIGNED <u>10-25-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>Oct. 25-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Deer Park cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Chiles Und. Co., Bloomfield, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>10-25-62</u>	
26. REGISTRAR'S SIGNATURE <u>Walter V. Jensen</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

DATE AMENDED  
 VS 300 Rev. 4/59  
1030  
21030  
 3  
 4 0  
 5 0  
 6  
 7 0  
 8 2  
99121  
 10 3  
 11 103  
 12 0-3  
 13 2-0

NOV 20 10 1962

Removal permit valid 10/23/62

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 Juan C. Cooper

Licensed Embalmer No. 4779

P. O. Address Bloomfield, 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.