

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046721-
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 8

FILED JAN 15 1963

VS 300
Rev. 4/59

0470
2470

3	
4	<u>6</u>
5	<u>0</u>
6	
7	<u>0</u>
8	<u>2</u>
9	<u>9148</u>
10	<u>8</u>
11	<u>047</u>
12	<u>1-3</u>
13	<u>1-0</u>

DATE AMENDED
4-25-63
4-25-63
4-25-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
Lineman
met while at work

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF 3:20 pm - 12/31/62
signatures

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		c. CITY OR TOWN Ironton	
Length of stay in lb D O A		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's of the Ozarks		d. STREET ADDRESS (If outside, give location) 140 Pine St.	
3. NAME OF DECEASED (Type or print) First FREDERICK Middle MARTIN Last MOYER		4. DATE OF DEATH Month December Day 31 , Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/31/1944
9. AGE (last birthday) 18		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman		10b. KIND OF BUSINESS OR INDUSTRY R. E. A.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Russell Moyer	
13b. MOTHER'S MAIDEN NAME Ann Ruple		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Russell Moyer, Ironton, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocuted			INTERVAL BETWEEN ONSET AND DEATH
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.) While at work got hold of electric line	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>Dec. 31/1962 3:20</u> p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> Coroner		22b. ADDRESS Ironton Mo.	22c. DATE SIGNED 12/31.62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Mem. Park	23d. LOCATION (City, town, or county) Ironton, Mo.
24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-31-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

APR 8 1963

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

Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.

Vertical text on the right edge of the page, likely a stamp or marking, partially legible as "A VITIGARE CONSTITUTUR..."