

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002989

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3052 Registrar's No. 14

FILED JAN 21 1963

VS:300
Rev. 4/59

DATE AMENDED

1 8887
2 8887
3
4 0
5 1
6
7 1
8 2
9 99103
10 6
11 127
12 1-2
13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph		
b. CITY (If outside corporate limits, give TOWNSHIP only) Moberly		Length of stay in 1b	c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Memorial Hospital			d. STREET ADDRESS 800 Franklin St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Minton Funston Moore			4. DATE OF DEATH Jan. 17, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-01	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Campbell Co. Virginia	
13a. FATHER'S NAME C. R. Moore			13b. MOTHER'S MAIDEN NAME Ella Craig		14. NAME OF HUSBAND OR WIFE Evie May Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Evie May Moore, Moberly, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)					INTERVAL BETWEEN ONSET AND DEATH hours
IMMEDIATE CAUSE (a) Medullary failure					5 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Cerebral embolism					
DUE TO (c) Fractured skull					33 1/2 hrs
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
Diabetic coma					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT, SUICIDE, HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Wrecking a house, hit in head by 4 x 4		
20c. TIME OF INJURY 3 P.M.		Month, Day, Year 1-15-63			
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.) S. Williams St.		20f. CITY, TOWN, OR LOCATION Moberly, Mo	
				COUNTY Randolph	STATE
21. I attended the deceased from 3:30 P.M. 1-15-63 to 1:10 A.M. 1-17-63 and last saw her/him alive on 1-17-63 . Death occurred at 1:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W.H. McCasland D.O.			22b. ADDRESS Moberly, Mo.		22c. DATE SIGNED 1-18-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-19-63	23c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery		23d. LOCATION (City, town, or county) (State) No. of Moberly, Mo.
24. FUNERAL DIRECTOR Million & Greer		ADDRESS Moberly, Mo.		25. DATE RECD. BY LOCAL REG. Jan 18-63	26. REGISTRAR'S SIGNATURE W. Carl White

USE BLACK INK OR TYPEWRITER RIBBON

FEB 1 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,

for by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marian E. Mellish

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.

Permit Renewed - 1-18-63 EEB