

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005080

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 80

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 11 1963

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

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		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) OR TOWN Mexico		Length of stay in 1b 2 Days	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 Audrain Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Randolph Hotel Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Claude Moran			4. DATE OF DEATH Month Day Year March 8 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-5-02
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Second Hand Dealer Clothing		10b. KIND OF BUSINESS OR INDUSTRY Jersey County, Ill.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Moran		13b. MOTHER'S MAIDEN NAME Nettie Ellen Ruyle	14. NAME OF HUSBAND OR WIFE unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO. Mexico, Mo. Bunker Hill, Ill	
17. ADDRESS (If deceased at home, give street, city, county, state, and zip) Audrain Hospital & Weiss-Jacobs		18. CAUSE OF DEATH (Enter only one cause)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 6 hours	
DUE TO (b) Coronary arteriosclerosis		years	
DUE TO (c) Diabetes Mellitus		years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic emphysema		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>1956</u> to <u>3-8-63</u> and last saw him alive on <u>3-8-63</u> Death occurred at <u>4</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold S. Sanford, M.D.		22b. ADDRESS Moberly, Mo.	22c. DATE SIGNED 3-8-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/8/63	23c. NAME OF CEMETERY OR CREMATORY BUNKER HILL	23d. LOCATION (City, town, or county) Bunker Hill, Ill.
24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. March 8-1963	26. REGISTRAR'S SIGNATURE Blanche Neely

USE BLACK INK
OR

TYPEWRITER RIBBON
Harold S. Sanford, M.D.

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

Clara Arnold J

Licensed Embalmer No. 3569

P. O. Address Milvia W

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.