

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007435

STATE FILE NUMBER

AMENDED

Registration District No. 274
FILED MAR 12 1962

Primary Registration District No. 3052

Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 50 years		c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 905 East 9th (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First NORA Middle A. Last MOORE				4. DATE OF DEATH March 2, 1962 Month March Day 2 Year 1962											
5. SEX Female		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 3/5/94		9. AGE (last birthday) 67		IF UNDER 1 YEAR Months 67 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home				11. BIRTHPLACE (City and state or country) Pettis County, Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Francis Garrett				13b. MOTHER'S MAIDEN NAME Nettie Pace				14. NAME OF HUSBAND OR WIFE James L. Moore							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) No (If yes, give war or dates of service) none				16. SOCIAL SECURITY NO. none				17. INFORMANT James L. Moore, Address 905 East 9th Sedalia, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease - Decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Diabetes mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 12:15 a.m. Month, Day, Year 3-1-62		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 Sedalia COUNTY Pettis STATE Mo.	
21. I attended the deceased from 11-8-61 to 3-2-62 and last saw her alive on 3-1-62 Death occurred at 12:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) T.S. Hovins, M.D.						22b. ADDRESS 1609 S. First Sedalia, Mo.						22c. DATE SIGNED 3-5-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/4/62		23c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery				23d. LOCATION (City, town, or county) (State) Smithton, Missouri							
24. FUNERAL DIRECTOR Francis Shelby				ADDRESS Sedalia, Mo.				25. DATE RECD. BY LOCAL REG. 3-3-1962				26. REGISTRAR'S SIGNATURE Francis Shelby			

(Licensed Embalmer's Statement on Reverse Side)

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.