

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 278 STATE FILE NUMBER 0040126

DO NOT WRITE ON THIS STUB

AMENDED

COPILED 30 64

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u>		Length of stay in 1b <u>1 hour</u>	c. CITY OR TOWN <u>Leeton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Route #2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>LARRY JOE MORELAND</u>			4. DATE OF DEATH Month Day Year <u>10 25 64</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-2-46</u>
9. AGE (last birthday) <u>18</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clearfield Cheese</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cheese Factory</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Louie Joe Moreland</u>		14. NAME OF HUSBAND OR WIFE <u>Neva Eberting</u>	
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>495-52-3491</u>	
17. INFORMANT <u>Mrs. Neva Moreland, Leeton, Missouri</u>		Address <u>R. R. #2</u>	
18. CAUSE OF DEATH (Enter only one cause pertaining for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <u>Shock and cardiovascular Collapse - Trauma due to Fractures to Femur & Foot. and Intracranial Hemorrhage from Car Accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr. 2 1/2 hrs 2 1/2 hrs</u>
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>Automobile Accident</u>	
20c. TIME OF INJURY Hour <u>3:55</u> p.m. Month, Day, Year <u>10-25-64</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Highway EE 2 1/2 Mi. E</u>		20f. CITY, TOWN, OR LOCATION <u>Leeton</u>	COUNTY <u>Johnson</u>
20g. STATE <u>Missouri</u>		20h. STATE	
21. I attended the deceased from <u>3:57</u> to <u>10-25-64</u> and last saw ^{her} him alive on <u>10-25-64</u> Death occurred at <u>6:35 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Clauden Kurbe, MD</u>		22b. ADDRESS <u>Windsor Mo</u>	22c. DATE SIGNED <u>10/27/64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-28-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Leeton Cemetery</u>	23d. LOCATION (City, town, or county) <u>Leeton Missouri</u>
24. FUNERAL DIRECTOR <u>Brauninger Funeral Home, Warrensburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 29, 1964</u>	26. REGISTRAR'S SIGNATURE <u>Thildred Bigum</u>

USE BLACK INK OR TYPEWRITER RIBBON

