

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. 0015336 STATE FILE NUMBER 0015396

DO NOT WRITE ON THIS STUB

AMENDED

FILED 26 65

VS 300
Rev. 4/59

1 0421
2 0425
3
4 1
5 2
6
7 0
8
9 2 00
10
11
12 3-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u>		Length of stay in 1b <u>19 days</u>	c. CITY OR TOWN <u>Clinton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital Co.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>901 N. 2nd St</u>
3. NAME OF DECEASED (Type or print) First <u>Lucy</u> Middle <u>Margaret</u> Last <u>Moore</u>		4. DATE OF DEATH Month <u>April</u> Day <u>20</u> Year <u>1965</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-7-93</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursing Home Operator</u>		11. BIRTHPLACE (City and state or country) <u>Clinton, Mo</u>	9. AGE (last birthday) <u>71</u>
13a. FATHER'S NAME <u>George W. King</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie B. Showman</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs Ester Burnsides Clinton, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiovascular Depression Collapse</u> <u>Anterior Coronary Artery Sufficient Heart Disease</u> DUE TO (c) <u>Sarbinosium</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> <u>3-4 yrs.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <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 <u>6-11-64</u> <u>4-20-65</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____		22c. DATE SIGNED <u>4-20-65</u>	
22a. SIGNATURE (Degree or title) <u>Claydon Shurber, MD.</u>		22b. ADDRESS <u>Windsor, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/23-1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton, Mo</u>
24. FUNERAL DIRECTOR <u>Sickman-Dunning Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>4-23-1965</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> <i>(MIB)</i>

EXHIBIT 1058 82

OCT 15 1965

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 Stanley J. Hickman Student Embalmer No. 750
working under my personal supervision.

Student Stanley J. Hickman
Signature of Student Embalmer

Signed R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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 Obtained 4-23-65 (105)