

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0011835

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 74

FILED MAR 18 1968

VS 300
Rev. 4/59

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DATE AMENDED

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INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Length of stay in 1b 2 months	c. CITY OR TOWN Calhoun Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RONALD LEE MORELAND			4. DATE OF DEATH Month Day Year March 10 1968
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 2, 1949
9. AGE (last birthday) 18		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Factory	11. BIRTHPLACE (City and state or country) Clinton, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robert F. Moreland	
13b. MOTHER'S MAIDEN NAME Martha L. Rogers		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-52-9459	17. INFORMANT Mr. Robt. Moreland Address R.R. # 1 Calhoun, 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) Terminal Shock and Respiratory Collapse DUE TO (a) Frontal Skull Fractures, Fractured R. Femur Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Automobile Accident			INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 10 1/2 hrs. 10 1/2 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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.) Auto struck tree	
20c. TIME OF INJURY Hour 10:30 p.m. Month, Day, Year 3-9-68		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 1 mile W. on Route 2	
20e. CITY, TOWN, OR LOCATION Windsor		20f. COUNTY Henry	
20g. STATE Mo		20h. DATE Mar. 10-68	
21. I attended the deceased from Mar. 9-68 , to Mar. 10-68 and last saw him alive on Mar. 10-68 Death occurred at 8:55Am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or title) Gaude M. Thurber M.D.		22b. ADDRESS Windsor, Mo	22c. DATE SIGNED 3/11/68
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 12 1968	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) Windsor Missouri
24. FUNERAL DIRECTOR Huston-Hadley Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 3-14-68	26. REGISTRAR'S SIGNATURE Mildred Biguno

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Robert H. Ashley

Licensed Embalmer No. 5220

P. O. Address Windsor, 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.