

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028256

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 79

STATE FILE NUMBER

FILED JUL 24 1962

VS 300
Rev. 4/59

1 2890
2 2890
3 1
4 1
5 2
6
7 0
8 2
9331X
10
11
12 86-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Richmond, Mo</u> Length of stay in lb <u>2 yrs</u> | | c. CITY OR TOWN <u>Knoxville, Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Elm Park Rest Home</u> Inside Limits <u>Resident</u> | | d. STREET ADDRESS (If outside, give location) <u>R.R.</u> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Veva</u> Middle <u>May</u> Last <u>Moyer</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1962</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>9-17-1899</u> |
| 9. AGE (last birthday) <u>62</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (City and state or country) <u>Ray, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13. FATHER'S NAME <u>Benton C. Wickerson</u> | |
| 14. MOTHER'S MAIDEN NAME <u>Lula Morris</u> | | 15. NAME OF HUSBAND OR WIFE <u>Kelly Moyer, deceased</u> | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 17. SOCIAL SECURITY NO. <u>undetermined</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>Cerebral vascular accident</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo.</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Previous cerebral vascular accident 1959</u> | |
| 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 checked="" type="checkbox"/> NO <input 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 checked="" 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>1959</u> to <u>death</u> and last saw her alive on <u>6-25-62</u> Death occurred at <u>4:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>J.G. Crozier, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Richmond, Mo.</u> | |
| 22c. DATE SIGNED <u>7-7-62</u> (State) | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>July 7-62</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Knoxville cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Knoxville</u> | | 23e. STATE <u>Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Alsbaugh & Cowley, Polo, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-16-1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u> | | | |

USE BLACK INK OR TYPEWRITER RIBBON

m. [unclear] permit obtained

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 *Erwin L. [unclear]*

Licensed Embalmer No. 4924
P. O. Address Polo, 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.