

Registration District No. 28 NOV 2016Primary Registration District No. 4405Registrar's No. 40

1. PLACE OF DEATH:

- (a) County Pike
 (b) City or town Bowling Green
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution
- 2

(Specify whether

In this community wife

years, months or days)

3. (a) PRINT FULL NAME
- Patty V Moore

3. (b) If veteran,
-
- name war.

3. (c) Social Security
-
- No.

4. Sex
- F

5. Color or
race W

6. (a) Single, widowed, married,
-
- divorced
- W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
-
- alive _____ years

7. Birth date of deceased
- April 14 1960
-
- (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

8065

hr. min.

9. Birthplace
- Pleasant Point W. Virginia
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- House wife

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature
- Mrs Chas. Heather

- (b) Address
- Bowling Green, Mo

17. (a)
- burial
- (b) Date thereof
- 10-20-60
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Bowling Green Cemetery

18. (a) Signature of funeral director
- Mr. Wm. Bond

- (b) Address
- Bowling Green, Mo

19. (a)
- 10-23-60
- (b)
- W. W. Sumner
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Pike

- (c) City or town
- Bowling Green
-
- (If outside city or town limits, write "RURAL")

- (d) Street No. _____
-
- (If rural, give location)

- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- October
- day
- 19th
-
- year
- 1960
- hour
- 12
- minute
- 15
- P. M.

21. I hereby certify that I attended the deceased from
-
- May 16th
- , 19
- 50
- to
- October 19th
- , 19
- 60
- ;
-
- that I last saw her alive on
- Oct 19th
- , 19
- 60
- ;
-
- and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations noneOf autopsy none

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
-
- (b) Date of occurrence _____
-
- (c) Where did injury occur? _____
-
- (City or town) (County) (State)
-
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
-
- home

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature
- J. B. Ruggs M.D.
- (M. D. or other)

Address Bowling Green, Mo Date signed 10/20/60

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

Office File No. 11-40-2026

Date Filed NOV 8 1940

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3605-2
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 684

Primary Registration District No. 4405

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Patty V. Moore

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 5 If less than one day _____ h. _____ min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name M. C. Handel
13. Birthplace Don't know Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

20. DATE OF DEATH Month Oct day 19
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. B. [unclear] (M. D. or other) _____

Address Bowling Green Date signed _____

MEDICAL CERTIFICATION

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

