IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 9 1960

60-007217
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3041 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Macon
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 124 Jackson St
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN: Macon
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 124 Jackson
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Mary Middle: Clementine Last: Moore

4. DATE OF DEATH: Month: Feb Day: 20 Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 7-18-1875
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Macon Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jesse Perkins
13b. MOTHER'S MAIDEN NAME: Elizabeth Jane Meyers
14. NAME OF HUSBAND OR WIFE: Harvie L. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Hallie Moore Address: Macon, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma of Liver	1 year.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO~~ (b)	Emphysema of Chronic Chest	5 years
~~DUE TO~~ (c)	Asthmatic Chest	5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): abdomen ~~Chest~~ only

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1950, to 20 Feb 60 and last saw ~~him~~ her alive on 20 Feb 60
Death occurred at 8:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald E Eggleston MD.
22b. ADDRESS: Macon Missouri
22c. DATE SIGNED: 22 Feb 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-22-1960
23c. NAME OF CEMETERY OR CREMATORY: Oakwood
23d. LOCATION (City, town, or county) (State): Macon Mo

24. FUNERAL DIRECTOR: R. Leslie Bram ADDRESS: Macon, Mo.
25. DATE RECD. BY LOCAL REG.: 3/2/60
26. REGISTRAR'S SIGNATURE: Ruth McReely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 322

P. O. Address Macon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.