

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007350

FILED VS FEB 23 1960

Registration District No. 226 Primary Registration District No. 4336 Registrar's No. 7 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>HOLLIDAY</u>			Length of stay in 1b <u>22 YRS.</u>	c. CITY OR TOWN <u>HOLLIDAY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N. MAIN ST.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>N. MAIN ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>OSCAR</u> Middle <u>DALLAS</u> Last <u>MOORE</u>				4. DATE OF DEATH Month <u>FEB</u> Day <u>15</u> Year <u>1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/5/1868</u>	9. AGE (last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>10</u>	IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (RETIRED)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTHPLACE (City and state or country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>DANIEL MOORE</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN DELANEY</u>		14. NAME OF HUSBAND OR WIFE <u>ANNIE LUCY MOORE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Eugene Moore</u> Address <u>Shelbina 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>Cerebral embolism</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 Days</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)					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 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 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>Feb 7</u> to <u>Feb 15</u> and last saw him alive on <u>Feb 14 1960</u> Death occurred at <u>9:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>E. H. Agnew</u> M.D.				22b. ADDRESS <u>PARIS, MO.</u>		22c. DATE SIGNED <u>2/16/1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>FEB 17, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>HOLLIDAY, MO.</u>			
24. FUNERAL DIRECTOR <u>E. H. AGNEW</u> ADDRESS <u>PARIS, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>Feb. 17 1960</u>		26. REGISTRAR'S SIGNATURE <u>Elsie Miller</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 15 1960

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 _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.