

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010467

FILED VS MAR 24 1960

104

Primary Registration District No. 5418

Registrar's No. 7

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural-Cotton Hill Twp.</b>		Length of stay in lb <b>20 yrs.</b>		c. CITY OR TOWN <b>Malden</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Malden, Rte. 2</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rte. 2</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>CLEVELAND</b> Last <b>MOORE</b>				4. DATE OF DEATH Month <b>March</b> Day <b>9</b> Year <b>1960</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 1, 1885</b>		9. AGE (last birthday) <b>75</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Midland, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Steven Moore</b>				13b. MOTHER'S MAIDEN NAME <b>Elizabeth O' Barr</b>			14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>493-32-7235</b>		17. INFORMANT Address <b>Miss Lena, Moore Malden, Mo R. 2</b>				
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) <b>Cardiac Failure</b>								<b>Instant</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Coronary Occlusion</b>						<b>Undetermined</b>		
		DUE TO (c) <b>Atherosclerosis</b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension</b>						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 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 <b>Feb. 9 - 1960</b> to <b>March 5, 1960</b> and last saw <sup>her</sup> him alive on <b>3-5-60</b> Death occurred at <b>4:45 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <b>J. A. McCormick, D.O.</b>				22b. ADDRESS <b>Box 482, Bernie Mo</b>				22c. DATE SIGNED <b>3/11/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Mar. 11, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Stephens Cemetery</b>			23d. LOCATION (City, town, or county) <b>Malden, Missouri, Rte. 2</b>			
24. FUNERAL DIRECTOR <b>Landess Funeral Home, Campbell, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>3-19-60</b>		26. REGISTRAR'S SIGNATURE <b>J. D. Schuman</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 24 196

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Christine M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, N.

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.