

JR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011892

FILED VS APR 11 1960

Registration District No. 238 Primary Registration District No. 5823 4385 Registrar's No. 60

STATE FILE NUMBER

INDEXED

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|---|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY New Madrid | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY New Madrid | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid | | Length of stay in 1b life | c. CITY OR TOWN New Madrid | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Davis St. | |
| 3. NAME OF DECEASED (Type or print) First Alvin Middle Moore Last | | | 4. DATE OF DEATH Month March Day 28 Year 1960 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/18/1878 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) St. Francis Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME William Moore | | 13b. MOTHER'S MAIDEN NAME Martha Ehlis | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Taddie Moore New Madrid, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis, cerebral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, chronic DUE TO (c) ? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH 8 hrs. |
| 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 Month, Day, Year s.m. p.m. | | | | | |
| 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 June 1945 to Mar 1960 and last saw him alive on 28 Mar. 1960 Death occurred at 7:00 m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Louis J. Smith MD | | | 22b. ADDRESS New Madrid Mo | | 22c. DATE SIGNED 29 Mar 60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 3/30/60 | 23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery | | 23d. LOCATION (City, town, or county) (State) New Madrid, Mo. |
| 24. FUNERAL DIRECTOR Richards | | ADDRESS New Madrid, Mo | | 25. DATE RECD. BY LOCAL REG. 4/2/60 | 26. REGISTRAR'S SIGNATURE Jay Hedges |

DOCUMENT

MEDICAL CERTIFICATION

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
or by Sam L. Hedgepeth, Student Embalmer No. 586
working under my personal supervision.

Student Sam L. Hedgepeth
Signature of Student Embalmer

Signed Sam L. Hedgepeth

Licensed Embalmer No. 3803
P. O. Address New Mad

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.