

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025748

FILED VS JUL 25 1960

15

Registration District No. Primary Registration District No. 3004

Registrar's No. #76

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar	Length of stay in lb 5 Minutes	c. CITY OR TOWN Kenoma	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Memorial Hosp		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LLOYD Middle CALVIN Last MOORE			4. DATE OF DEATH Month July Day 19 Year 1960	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-27-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman R. R.	10b. KIND OF BUSINESS OR INDUSTRY K.C. Southern, R.R.	11. BIRTHPLACE (City and state or country) Vernon Co. Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME G. E. Moore	13b. MOTHER'S MAIDEN NAME Rosa Leedy	14. NAME OF HUSBAND OR WIFE Mrs. Goldie Moore
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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. 702-12-1617	17. INFORMANT Mrs. Goldie Moore, Kenoma, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary ischemia	
DUE TO (c)		Unknown

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
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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.)
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20c. TIME OF INJURY Hour 2:30 a.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 Lamar Mo	COUNTY	STATE
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21. I attended the deceased from Nov. 1951 to 7/19/60 and last saw ^{her} live on 7/19/60 . Death occurred at 2:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. R. Cain MD (Degree or title)	22b. ADDRESS Lamar Mo	22c. DATE SIGNED 7/20/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 21, 1960	23c. NAME OF CEMETERY OR CREMATORY Highland Park	23d. LOCATION (City, town, or county) Pittsburg, Kansas
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24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri	25. DATE RECD. BY LOCAL REG. JUL 21 '60	26. REGISTRAR'S SIGNATURE Marie Konantz
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS AUG 3 1960

JUL 13 1960

SEP 13 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, Mo

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.