

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

-60-038233  
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <b>Iron</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Reynolds</b>									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ironton</b>		Length of stay in 1b <b>4 days</b>		c. CITY OR TOWN <b>Black</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>St. Mary's</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6 mi NW of Black</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>MELL</b> Middle <b>COY</b> Last <b>MOYERS</b>				4. DATE OF DEATH Month <b>October</b> Day <b>28</b> , Year <b>1960</b>									
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5/25/1883</b>		9. AGE (last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>livestock</b>		11. BIRTHPLACE (City and state or country) <b>White Pine, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>William Moyers</b>				13b. MOTHER'S MAIDEN NAME <b>Harriett Myers</b>				14. NAME OF HUSBAND OR WIFE <b>Sarah Harbison Moyers</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>no</b>		17. INFORMANT Address <b>Mrs. Sarah Moyers, Black, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <b>2 Days</b>					
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 checked="" 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>10-22-60</b> to <b>10-28-60</b> and last saw him alive on <b>10-28-60</b> . Death occurred _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Luigi M. Jones M.D.</b> (Degree or title)						22b. ADDRESS <b>London Mo</b>			22c. DATE SIGNED <b>10-31-60</b> (Date)				
23a. BURIAL, CREMATION REMOVAL (Specify) <b>burial</b>		23b. DATE <b>10/30/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Harbison Cemetery</b>				23d. LOCATION (City, town, or county) <b>Goodland, Missouri</b>					
24. FUNERAL DIRECTOR <b>White Funeral Home, Ironton, Mo.</b> Address <b>Armed J. White</b>				25. DATE RECD. BY LOCAL REG. <b>10-31-60</b>				26. REGISTRAR'S SIGNATURE <b>Mrs. Lois Jones</b>					

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Annaly White

Licensed Embalmer No. 3012

P. O. Address Tronton, M

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