

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048437

ED VS DEC 23 1960 339

Registration District No. 339 Primary Registration District No. 3074 Registrar's No. 293

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY SCOTT					
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in lb 10 YRS.		c. CITY OR TOWN SIKESTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 100 BOWMAN ST.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 100 BOWMAN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last STEVE MOSLEY				4. DATE OF DEATH Month 12 - 11 - Year 1960					
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-25-1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months 76 Days 76	IF UNDER 24 HR Hours 76 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) ALABAMA		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME -			13b. MOTHER'S MAIDEN NAME -			14. NAME OF HUSBAND OR WIFE ETHEL MOSLEY			
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. -		17. INFORMANT Address ETHEL MOSLEY, SIKESTON, 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) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Old Age								
	DUE TO (c) High Blood Pressure								
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 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 a.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 100 Bowman St Sikeston Scott		COUNTY MS		STATE MS	
21. I attended the deceased from Dec 1-1960 to Dec 11-60 and last saw her him alive on Dec - 1 1960 Death occurred at 10 30 a m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) R.L. Memmelin D.O.				22b. ADDRESS 227 West Gladys St Sikeston			22c. DATE SIGNED 12-13-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-18-1960	23c. NAME OF CEMETERY OR CREMATORY SUNSET OF MEMORY		23d. LOCATION (City, town, or county) SIKESTON MO.					
24. FUNERAL DIRECTOR ALVIN DOTSON, SIKESTON, MO.				25. DATE RECD. BY LOCAL REG. 12-16-60		26. REGISTRAR'S SIGNATURE Maxella Hunter			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 4 1962

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 Tris D. Marshore

Licensed Embalmer No. 4601

P. O. Address St. Helena

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.