

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044067

STATE FILE NUMBER

AMENDED

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 44

FILED JAN 8 1962

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Union Twp.</u>		Length of stay in 1b <u>13 Yrs.</u>		c. CITY OR TOWN <u>Rural Union Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 Mi. South Gallatin</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1/2 Mi. South Gallatin</u>					
3. NAME OF DECEASED (Type or print) First <u>Maude</u> Middle <u>Ann</u> Last <u>Moulin</u>				4. DATE OF DEATH Month <u>December</u> Day <u>22</u> Year <u>1961</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-30-1889</u>					
9. AGE (last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Daviess Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Melvin Goodman</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Sandige</u>			14. NAME OF HUSBAND OR WIFE <u>Glenn Moulin</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				17. INFORMANT <u>Glenn Moulin, Gallatin, Mo.</u>				Address			
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) <u>Myocardial Failure</u>								<u>39 hrs</u>			
DUE TO (b) <u>Pneumonia Congestive</u>								<u>36 hrs</u>			
DUE TO (c) <u>Diabetes Mellitus</u>								<u>7 yrs</u>			
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 _____ 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		COUNTY		STATE			
21. I attended the deceased from <u>Dec. 20, 1961</u> to <u>Dec. 22</u> and last saw her alive on <u>Dec. 22, 61</u> Death occurred <u>12:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Floyd E. Nelson M.D.</u> (Doctor or title)				22b. ADDRESS <u>Gallatin Mo.</u>				22c. DATE SIGNED <u>12-23-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-26-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Gilman City, Missouri</u>					
24. FUNERAL DIRECTOR <u>Hope Funeral Home, Gallatin, Missouri</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-1-62</u>		26. REGISTRAR'S SIGNATURE <u>Vernon W. Engelhart</u>			

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed L. C. Licherson

Licensed Embalmer No. 3302
P. O. Address Ballatin

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.