

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025250
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 47

| | | |
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| FILED JUN 25 1962 | | |
| 1. PLACE OF DEATH a. COUNTY Taney b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson Length of stay in 1b 3 years c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near home Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Taney c. CITY OR TOWN Branson Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) N. Highway 65 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED First Middle Last PAM ANITA MOORE | | |
| 4. DATE OF DEATH Month Day Year June 19, 1962 | | |
| 5. SEX female | 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 6/17/45 | |
| 9. AGE (last birthday) 17 IF UNDER 1 YEAR Months 0 Days 2 IF UNDER 24 HR Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | |
| 10b. KIND OF BUSINESS OR INDUSTRY none | | |
| 11. BIRTHPLACE (City and state or country) Washington State USA | | |
| 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME Charles Moore | | |
| 13b. MOTHER'S MAIDEN NAME Bessie Mills | | |
| 14. NAME OF HUSBAND OR WIFE ##### none | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | |
| 16. SOCIAL SECURITY NO. none | | |
| 17. INFORMANT Charles Moore Branson, Mo Address _____ | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gunshot wound in left chest shooting self with 22 rifle DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 15 Min. |
| 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Subject stuck rifle to chest and shot | | |
| 20c. TIME OF INJURY Hour 11 am Month, Day, Year 6/19/62 | 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.) on farm near home | | |
| 20f. CITY, TOWN, OR LOCATION Branson COUNTY Taney STATE Missouri | | |
| 21. I attended the deceased from DOA , to _____ and last saw her/him alive on _____ Death occurred at 11 pm on the date stated above, and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) <i>Walter Cobb Coronar</i> | | |
| 22b. ADDRESS <i>Branson Mo</i> | | |
| 22c. DATE SIGNED <i>6/22/62</i> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) cremation | 23b. DATE 6/24/62 | |
| 23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomers | | |
| 23d. LOCATION (City, town, or county) (State) Kansas City Missouri | | |
| 24. FUNERAL DIRECTOR Walter Cobb Branson, Mo ADDRESS _____ | | |
| 25. DATE RECD. BY LOCAL REG. <i>6/22/62</i> | | |
| 26. REGISTRAR'S SIGNATURE <i>Heleie Campbell</i> | | |

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Walter Cobb

Licensed Embalmer No. 473

P. O. Address Brunson, 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.