MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-039398
STATE FILE NUMBER

Registration District No. 985 Primary Registration District No. 3098 Registrar's No. 2rd

FILED OCT 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0580
2 0580
3 2
4 1
5 1
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9 420.1
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12 90-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LACLEDE — Length of stay in Ib: 60 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LINN
c. CITY OR TOWN: LACLEDE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: EDITH Middle: CORNELIA Last: MOORE
4. DATE OF DEATH: Month: SEPT. Day: 29 Year: 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-7-1881
9. AGE (last birthday): 81 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and state or country): NEW CAMBRIA, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOHN L. BALDWIN
13b. MOTHER'S MAIDEN NAME: MERRIAM E. ROBERTS
14. NAME OF HUSBAND OR WIFE: L. F. MOORE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: L. F. MOORE Address: LACLEDE, MO.

MEDICAL CERTIFICATION

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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1958, to ____ and last saw him alive on 1958
Death occurred at 3 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. D. Arnold (Degree or title) M D
22b. ADDRESS: Brookfield Mo
22c. DATE SIGNED: 10-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT. 30, 1962
23c. NAME OF CEMETERY OR CREMATORY: NEW CAMBRIA CEMETERY
23d. LOCATION (City, town, or county) (State): NEW CAMBRIA, MISSOURI
24. FUNERAL DIRECTOR ADDRESS: WRIGHT FUNERAL HOME, LACLEDE, MO.
25. DATE RECD. BY LOCAL REG.:
26. REGISTRAR'S SIGNATURE: Emma Watkins

(Licensed Embalmer's Statement on Reverse Side)

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 C. W. Wright

Licensed Embalmer No. 5167

P. O. Address Brookfield, 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.