

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002937

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 10

<b>FILED JAN 31 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Pulaski</b>	a. STATE <b>Missouri</b> COUNTY <b>Pulaski</b> admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville</b>	Length of stay in lb <b>11 Months</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dodds Addition</b>	d. STREET ADDRESS (If outside, give location) <b>Dodds Addition</b>
3. NAME OF DECEASED (Type or print)	
First <b>Walter</b>	Middle <b>Sillers</b> Last <b>Moore</b>
4. DATE OF DEATH	Month <b>Jan</b> Day <b>17</b> Year <b>1963</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>July 14 1924</b>
9. AGE (last birthday) <b>38</b>	IF UNDER 1 YEAR IF UNDER 24 Hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Soldier</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired U.S. Army</b>
11. BIRTHPLACE (City and state or country) <b>Rosedale Miss.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Benjamin Albert Moore</b>	13b. MOTHER'S MAIDEN NAME <b>Susie Glower</b>
14. NAME OF HUSBAND OR WIFE <b>Gwendlyon Moore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of serv) <b>Yes 1941-1962</b>	16. SOCIAL SECURITY NO. _____
17. INFORMANT <b>Gwendlyon Moore Waynesville, Mo</b>	Address _____
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	<b>Sever Traumatic injury to left lung and vesels</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Gunshot wound</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 <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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Gun accidentally discharged into victims</b>	
20c. TIME OF INJURY Hour <b>8:15P</b> Month, Day, Year <b>1 17 63</b>	<b>chest while removing it from closet</b>
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.) <b>residence</b>
20f. CITY, TOWN, OR LOCATION <b>Waynesville</b>	COUNTY <b>Pulaski</b> STATE <b>Missour</b>
21. I attended the deceased from <b>XX</b> <b>XX</b> last saw <b>XX</b> alive on <b>1-17-1963</b> Death occurred at <b>8:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Clarence J. Moss</i> <b>Corner</b>	22b. ADDRESS <b>Waynesville, Missouri</b>
22c. DATE SIGNED <b>1-17-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-20-1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Waynesville Pulaski Mo</b>
24. FUNERAL DIRECTOR <i>Clarence J. Moss</i> <b>Moss-Williams Waynesville, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>1-20-63</b>
26. REGISTRAR'S SIGNATURE <i>Clarence J. Anderson</i>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10850

20850

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99190

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FEB 9 1963

MAR 14 1963

MAY 23 1963

APR 11 1963

**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

*Clarence Shoss*

Licensed Embalmer No. 4896

P. O. Address Waymerville, 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.