

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-026943**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 57

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUN 25 1963**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Taney</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Idaho</b> b. COUNTY |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Branson</b>                      |  | Length of stay in 1b   | c. CITY OR TOWN <b>Boise</b>                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Walter Moore, Home</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     | d. STREET ADDRESS (If outside, give location)<br><b>Boise</b> |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                               |  |  |   |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Z. T. Tom Moore</b> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>June 14, 1963</b> |  |  |
|--|--|--|--|--|--|

|                       |                              |   |                                      |                                     |  |  |
|-----------------------|------------------------------|---|--------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>W</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6/26/1879</b> | 9. AGE (last birthday)<br><b>83</b> | IF UNDER 1 YEAR<br>Months <b>11</b> Days <b>18</b> | IF UNDER 24 HR<br>Hours <b>18</b> Min. |
|-----------------------|------------------------------|---|--------------------------------------|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Cedar Creek, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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|---|---|--|
| 13a. FATHER'S NAME<br><b>Isac Moore</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Jane Wilson</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Bertye</b> |
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|---|-------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address<br><b>David Moore, Boise, Idaho</b> |
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|   |                          |                                  |
|---|--------------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Atherosclerosis</b> |                          | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b)<br>DUE TO (c) |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |  |
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| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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 |
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| 21. I attended the deceased from <b>June 1962</b> to <b>June 14 1963</b> and last saw her/him alive on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |
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|   |                                    |                                    |
|---|------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>Charles A. Spears MD</b> | 22b. ADDRESS<br><b>Branson, Mo</b> | 22c. DATE SIGNED<br><b>6-30-63</b> |
|---|------------------------------------|------------------------------------|

|  |                               |   |   |
|--|-------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>6/17/1963</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Ozark Memorial</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Branson, Missouri</b> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Walter Cobb Branson, Mo</b> | 25. DATE RECD. BY LOCAL REG.<br><b>6-21-63</b> | 26. REGISTRAR'S SIGNATURE<br><b>Robert England</b> |
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USE BLACK INK OR TYPEWRITER RIBBON

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**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. 4731

P. O. Address Brown

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.

