

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029300

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 226 Primary Registration District No. 4252 Registrar's No. 59

STATE FILE NUMBER

FILED JUL 23 1963

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Morgan</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Versailles</u> Length of stay in lb <u>Lifetime</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> c. CITY OR TOWN <u>Versailles</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>402 W. Newton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>Viola</u> Middle <u>Arizona</u> Last <u>Moore</u>			4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1963</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>30 Nov '69</u>	9. AGE (last birthday) <u>92</u>	10. IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	11. IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
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>at home</u>		11. BIRTHPLACE (City and state or country) <u>Morgan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James L. Inge</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. M. Moore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>Mrs Elmer Vogt - Versailles, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Arterio Sclerosis (generalized)</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>15 yrs</u>
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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) <u>Hunter Ulcer. Urinary Bladder</u>	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
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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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year		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 1938 to 7-18-63 and last saw her alive on 7-17-63
 Death occurred at 7:12 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE (Degree or title) <u>J L Washburn M.D.</u>	22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>7-20-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>20 Jul 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Akinsville Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Morgan County, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Hidwell Funeral Home - Versailles, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7/20/63</u>	26. REGISTRAR'S SIGNATURE <u>J L Washburn</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

DATE AMENDED
 1 0710
 2 0710
 3
 4 1
 5 2
 6
 7 0
 8 2
 9 4500
 10
 11
 12 90-0
 13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

JUL 29 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

Gene E. Baltham

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.