

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043561

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1620 STATE FILE NUMBER

FILED NOV 26 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6397
2 8480
3 1000

3
4 0
5 1
6
7 1
8 2
9 X

10 639
11 133
12 92-3
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | |
|---|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Wisconsin COUNTY Vernon | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Length of stay in 1b None | c. CITY OR TOWN RFD Victory | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge Prot. Hosp. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Route # 1 | |
| 3. NAME OF DECEASED (Type or print) THOMAS GEORGE MOE | | | 4. DATE OF DEATH Month November Day 19 Year 1963 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-16-1889 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY Carpenter | 11. BIRTHPLACE (City and state or country) Genoa, Wisconsin | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME Robert Moe | | 13b. MOTHER'S MAIDEN NAME Tillie Hanson | | 14. NAME OF HUSBAND OR WIFE Mary B. Moe, Separated | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes W.W.1 | | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mary B. Moe, Stodlard, Wisconsin | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apparently crushing chest injuries | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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. <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 checked="" 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.) One car accident | | | |
| 20c. TIME OF DEATH Hour 11:15 A.M. Month, Day, Year 11/19/63 | 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.) U.S. Highway North of Springfield, Greene, Missouri | 20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri | | COUNTY STATE |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at Approx. 11:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Ralph H. Thieme, County Coroner | | | 22b. ADDRESS Springfield, Missouri | | 22c. DATE SIGNED 11/21/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 11-21-1963 | 23c. NAME OF CEMETERY OR CREMATORY LaCrosse Cemetery | 23d. LOCATION (City, town, or county) (State) LaCrosse, Wisconsin | | |
| 24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave., Springfield, Missouri | | 25. DATE RECD. BY LOCAL REG. 11-22-63 | 26. REGISTRAR'S SIGNATURE Bernie [Signature] | | |

USE BLACK INK OR TYPEWRITER RIBBON

1 2 3 4 5 6 7 8 9 10 11 12

DEC 4 1963

DEC 12 1963

11-21-63-2

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 Harold A. Tuttle

Licensed Embalmer No. 5079

P. O. Address Spfld., 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.