

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1946

STATE FILE NUMBER

63-047182

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 26 1963

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u> | | c. CITY OR TOWN <u>Dexter</u> | |
| Length of stay in lb | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>212 West Market</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | 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>Julia</u> Middle <u>Ann Moore</u> Last <u>Forbes</u> | | | 4. DATE OF DEATH Month <u>December</u> Day <u>9</u> Year <u>1963</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</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>9-7-1875</u> | 9. AGE (last birthday) <u>88</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired house-keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Lancaster, Iowa</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Albert Moore</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Moore</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>no</u>) | | | 16. SOCIAL SECURITY NO. | | |
| 17. INFORMANT <u>Mrs. Lucy Farmer, Dexter, Mo.</u> | | | Address | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| DUE TO (b) <u>Fracture Left Hip + Right Ankle</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 |

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| 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.) <u>Fell at home</u> | |
| 20c. TIME OF INJURY Hour <u>8:00</u> a.m. / p.m. | | Month, Day, Year | |
| 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |

21. I attended the deceased from 12-5-1963 to Dec. 9, 1963 and last saw her alive on December 9, 1963
Death occurred at 8:00 P. m 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) <u>Frank W. Dinelli M.D.</u> | 22b. ADDRESS <u>Poplar Bluff, Missouri</u> | 22c. DATE SIGNED <u>12-12-63</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-12-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Caroline Dowdy</u> | 23d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Rainey Funeral Home, Dexter, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-17-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Thelma Graham</u> |

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|---------------------|--------------|--|------------|----------|-----------------------|-----------------|----------|-------------|
| VS 300 Rev. 4/59 | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF | ITEM NO. | SHOULD READ |
| 1 <u>0132</u> | | | | | | | | |
| 2 <u>1036</u> | | | | | | | | |
| 3 <u>2</u> | | | | | | | | |
| 4 <u>1</u> | | | | | | | | |
| 5 <u>2</u> | | | | | | | | |
| 6 | | | | | | | | |
| 7 <u>1</u> | | | | | | | | |
| 8 <u>2</u> | | | | | | | | |
| 9 <u>9040</u> | | | | | | | | |
| 10 <u>21</u> | | | | | | | | |
| 11 <u>103</u> | | | | | | | | |
| 12 <u>4-0</u> | | | | | | | | |
| 13 <u>1-0</u> | | | | | | | | |

USE BLACK INK OR TYPEWRITER RIBBON

JAN 23 1964

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 Swille Rainey

Licensed Embalmer No. 4983

P. O. Address Dexter, 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.