

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047701

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1844

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10397

20397

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 2 1964	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>GREENE</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Length of stay in 1b <u>YRS</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2112 W WEBSTER</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo</u> b. COUNTY <u>GREENE</u></p> <p>c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>2112 W. WEBSTER</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Hancy Reeves Moore</u></p>	
<p>4. DATE OF DEATH <u>Dec 23 1963</u> Month Day Year</p>	
<p>5. SEX <u>FEMALE</u></p>	<p>6. COLOR OR RACE <u>WHITE</u></p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>3/21/1888</u> 9. AGE (last birthday) <u>75</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> 11. BIRTHPLACE (City and state or country) <u>Mo.</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	<p>13a. FATHER'S NAME <u>Joe R. Reeves</u> 13b. MOTHER'S MAIDEN NAME <u>Liddia Presser</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Waller</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv. <u>NO</u>)</p>
<p>16. SOCIAL SECURITY NO. <u>NO</u></p>	<p>17. INFORMANT <u>Waller Moore - Springfield Mo</u> Address</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Arterios - Sclerotic - Heart Disease</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from <u>10-25-63</u> to <u>12-23-63</u> and last saw her alive on <u>12-21-63</u></p> <p>Death occurred at <u>8:25</u> <u>AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u></p>	<p>22b. ADDRESS <u>Springfield Mo</u> 22c. DATE SIGNED <u>12-27-63</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>12/26/63</u> 23c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL CEMETERY</u></p>
<p>23d. LOCATION (City, town or county) <u>Springfield Mo</u></p>	<p>24. FUNERAL DIRECTOR ADDRESS <u>CHAPEL OF THE DEARMS MISSOURI</u> 25. DATE RECD. BY LOCAL REG. <u>12-30-63</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Bernie Medley</u></p>	

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 Harmon P. Rubin

Licensed Embalmer No. 5757

P. O. Address Springfield, Ma

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.