

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033483

FILED VS OCT 13 1959

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 383

DED

1. PLACE OF DEATH a. COUNTY St. Francois.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo b. COUNTY St Francois (mission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River, Mo.		Length of stay in 1b		c. CITY OR TOWN Flat River MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Flat River, MO			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Flat River, Mo			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) William Hampton Moore				4. DATE OF DEATH Month Oct Day 7,1959 Year			
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 Feb 7, 1872	9. AGE (last birthday) 87.	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Coal Business	10b. KIND OF BUSINESS OR INDUSTRY Coal Business		11. BIRTHPLACE (City and state or country) Mine La Motte, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Wesley Moore		13b. MOTHER'S MAIDEN NAME Eliza Blankenship		14. NAME OF HUSBAND OR WIFE Louisa May Cundiff			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Smith Waller Bonne Terre, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) occlusion of cerebral arteries DUE TO (b) Arteriosclerotic vascular disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fracture of the left hip. 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							INTERVAL BETWEEN ONSET AND DEATH 3 weeks.
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 a.m. 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 Sept 25, 1959 to Oct 7, 1959 and last saw her live on Oct 6, 1959 Death occurred at 12:00 O'clock noon on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. Rudloff (Degree or title)				22b. ADDRESS Flat River, Mo.		22c. DATE SIGNED 10-8-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		23d. LOCATION (City, town, or county) (State) Near Farmington, Mo			
24. FUNERAL DIRECTOR ADDRESS Flat River, Mo East Main				25. DATE RECD. BY LOCAL REG. Oct, 9, 1959	26. REGISTRAR'S SIGNATURE Ether Rudloff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Donald Dale Caldwell, Student Embalmer No. 58

working under my personal supervision.

Student Donald Dale Caldwell Signed R. Caldwell
Signature of Student Embalmer

Licensed Embalmer No. 253
P. O. Address Flat River

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.