MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0043334 STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 94

OCT FILED 20 64

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1100
2 0940
3
4 1
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7 0
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12 1 0
13 1 0

DATE AMENDED 2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY WASHINGTON Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRETON — Length of stay in 1b: 24 HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WASHINGTON MEMORIAL. — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST. FRANCOIS
c. CITY OR TOWN BISMARCK — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) BISMARCK, MO — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First EDNA Middle CRESSIE Last MOORE

4. DATE OF DEATH: Month OCT Day 13 Year 1964

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: APR 1, 1920
9. AGE (last birthday): 44
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE
11. BIRTHPLACE (City and state or country): DESLOGE, MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: HENRY BUFF
13b. MOTHER'S MAIDEN NAME: ~~[illegible]~~ ORA NEWCOMB
14. NAME OF HUSBAND OR ~~WIFE~~: VERNNA MOORE

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: VERNNA MOORE Address: BISMARCK, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC ARREST	4 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ACUTE CONGESTIVE HEART FAILURE	6 hours
DUE TO (c)	RHEUMATIC HEART DISEASE	undetermined

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. ☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10/12/64 to 10/13/64 and last saw her ~~him~~ alive on 10/13/64
Death occurred at 3:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. Rombo Warren M.D.
22b. ADDRESS 121 A East High St., Potosi, Mo.
22c. DATE SIGNED 10/16/64

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10/16/64
23c. NAME OF CEMETERY OR CREMATORY ST FRANCO'S MEMORIAL PARK
23d. LOCATION (City, town, or county) (State) NEAR, BONNE TERRE, MO.

24. FUNERAL DIRECTOR ADDRESS CALDWELL & SONS FLAT RIVER, MO.
25. DATE RECD. BY LOCAL REG. 10/16/64
26. REGISTRAR'S SIGNATURE Helen Kendall

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River, 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.