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DEPARTMENT OF SOCIAL SERVICES – MISSOURI DIVISION OF HEALTH
(PHYSICIAN, MEDICAL EXAMINER OR CORONER)

CERTIFICATE OF DEATH

FILED DEC 01 1987

124

STATE FILE NUMBER 87 025444

REGISTRATION DISTRICT NO. 128 PRIMARY REGISTRATION DISTRICT NO. 2000 REGISTRAR'S NO. 2937

VS 300 Rev. 1/78

DECEDENT

1. DECEDENT–NAME: FIRST PAULINE MIDDLE M. LAST MOORE
2. SEX: Female
3. DATE OF DEATH (Mo., Day, Yr.): November 20, 1987
4. RACE–(e.g., White, Black, American Indian, etc.) (Specify): White
5a. AGE–Last Birthday (Yrs.): 75
5b. UNDER 1 YEAR – MOS. / DAYS
5c. UNDER 1 DAY – HOURS / MINS.
6. DATE OF BIRTH (Mo., Day, Yr.): June 21, 1912
7a. COUNTY OF DEATH: Greene
7b. CITY, TOWN OR LOCATION OF DEATH: Springfield
7c. HOSPITAL OR OTHER INSTITUTION–Name (If not in either, give street and number): Springfield General Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Wyoming
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): George T. Moore
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO
13. SOCIAL SECURITY NUMBER: 558-20-0391
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inventory Stock Clerk
14b. KIND OF BUSINESS OR INDUSTRY: Helmet Manufacturing
15a. RESIDENCE–STATE: Missouri
15b. COUNTY: Webster
15c. CITY, TOWN OR LOCATION AND ZIP CODE: Marshfield 65706
15d. STREET AND NUMBER: 429 W. Jackson
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

PARENTS

16. FATHER–NAME FIRST MIDDLE LAST: Paul Babbitt
17. MOTHER–MAIDEN NAME FIRST MIDDLE LAST: Pray, Allila Babbitt

DISPOSITION

18a. INFORMANT–NAME (Type or Print): George T. Moore
18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP: 429 W. Jackson, Marshfield, Missouri 65706
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. DATE: Nov. 23, 1987
19c. CEMETERY OR CREMATORY–NAME: Marshfield Cemetery
19d. LOCATION CITY OR TOWN STATE: Marshfield, Missouri
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Joe Arthur
20b. NUMBER: 3734
20c. NAME OF FACILITY: Barber-Edwards-Arthur
20d. ADDRESS OF FACILITY: Marshfield, Missouri
21a. REGISTRAR (Signature): Billy J. Thomas
21b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 01 1987

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Donald W. Burkindine DO
22b. DATE SIGNED (Mo., Day, Yr.): 11-23-87
22c. HOUR OF DEATH: 10:15 A. M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by MEDICAL EXAMINER or CORONER Only

23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):
23b. DATE SIGNED (Mo., Day, Yr.):
23c. HOUR OF DEATH: M
23d. PRONOUNCED DEAD (Mo., Day, Yr.) ON:
23e. PRONOUNCED DEAD (Hour) AT: M

24a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): D. W. Burkindine, D. O., Marshfield, Missouri
24b. MO. LICENSE NO.: R5D17
25. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): inpatient

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Cardio respiratory Arrest — Interval between onset and death: immediate
DUE TO, OR AS A CONSEQUENCE OF:
(b) Pneumonia — Interval between onset and death: 2 wks
DUE TO, OR AS A CONSEQUENCE OF:
(c) Severe Mitral Stenosis — Interval between onset and death: 1 yr.

PART II OTHER SIGNIFICANT CONDITIONS–Conditions contributing to death but not related to cause given in PART I (a): Stroke occurred 1 wk prior to death

27. AUTOPSY (Specify Yes or No): No
28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No):
29a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify):
29b. DATE OF INJURY (Mo., Day, Yr.):
29c. HOUR OF INJURY: M
29d. DESCRIBE HOW INJURY OCCURRED:
29e. INJURY AT WORK (Specify Yes or No):
29f. PLACE OF INJURY–At home, farm, street, factory, office building, etc. (Specify):
29g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE):
30. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS? ☐ YES ☒ NO ☐ UNK

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STATE OF MISSOURI } ss
CITY OF JEFFERSON }

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

AUG 11 1988

Garland H. Land
Garland H. Land
State Registrar of Vital Statistics

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ruby Jeter the 30th day of Aug. A.D., 19 88 at 9:55 o'clock A. M., and duly recorded in Vol. M88, of Deeds on Page 14013.

FEE $8.00

Evelyn Biehn County Clerk
By Pauline Mullendore

Return: Ruby Jeter
P.O. Box 1830, Bullhead City, Ariz.86430