

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24085

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>35</u>		
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If limitation: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		<u>0661</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>			b. (Middle)		c. (Last) <u>MOSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 30 1863</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>RODNEY CULLEY</u>			13b. MOTHER'S MAIDEN NAME <u>CELESTE HOLDEN</u>		14. NAME OF HUSBAND OR WIFE <u>MOSES H. MOSS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Opal Howard</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart plegia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 3 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis &amp;</u> DUE TO (c) <u>Senility</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>B52X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eldon</u> <u>Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>49</u> , to <u>July 14</u> , 19 <u>50</u> that I last saw the deceased alive on <u>July 12</u> , 19 <u>50</u> , and that death occurred at <u>6:50 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. J. Allee MD</u>				23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>7/15/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 17, 1950</u>		REGISTRAR'S SIGNATURE <u>Florence M. Stearns</u> Deputy		19 <u>2</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>		
						ADDRESS <u>Eldon</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 3000  
10. 48

RECEIVED

JUL 26 1950

MILLER COUNTY HEALTH  
DEPARTMENT

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Louis D. Phillips*

Signed .....

Student Embalmer

Licensed Embalmer No. *3663*

P. O. Address *Edgewood*

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 this body is not embalmed, fact should be so stated above.