

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1596

FILED FEB 5 1951

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559V Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pevly (Rural)</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Pevly (Rural)</u>	d. STREET ADDRESS (If rural, give location) <u>Joachim Townships</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joachim Townships</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>Oscar</u> c. (Last) <u>Moss</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26 - 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 26 - 1901</u>	9. AGE (in years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>	IF UNDER 6 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cuba Mo 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Moss</u>	13b. MOTHER'S MAIDEN NAME <u>Anneville Jordan</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>499-01-1686</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Buren, Hillsboro Mo R1</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4221</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</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Pevly Jefferson Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1945 to Jan 26, 1951, that I last saw the deceased alive on 1/26, 1951, and that death occurred at 7:15 m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ethel Buren</u>	23b. ADDRESS <u>Hillsboro Mo</u>	23c. DATE SIGNED <u>1/27/51</u>
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24a. BURIAL, CREMATION, REMAINS (Specify) <u>Burial</u>	24b. DATE <u>Jan. 28 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillsboro Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Hillsboro Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-27-51</u>	REGISTRAR'S SIGNATURE <u>Eleanor Louise Reppe</u>	444	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Varnyard</u>	ADDRESS <u>Festus Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0500
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 1-30-51

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.....

Donald H. Vinyard

Signed.....

Student Embalmer

Licensed Embalmer No. *40668*

P. O. Address *Weston, 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 this body is not embalmed, fact should be so stated above.