

No. 500
10.48

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 3473

State File No. 22824

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 5072		Registrar's No. 86	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Grundy-Rural-Jackson		c. LENGTH OF STAY (In this place)		a. STATE Missouri		b. COUNTY Grundy	
b. CITY OR TOWN Laredo-Rural-Jackson		10 Years		c. CITY OR TOWN Laredo-Rural-Jackson		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi West Laredo				d. STREET ADDRESS (If rural, give location) 3 mi West Laredo			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) Bailey	b. (Middle) John	c. (Last) Moss	Month June	Day 10	Year 1951	Male	9
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 29, 1885	9. AGE (In years last birthday) 65	10. MONTHS 10	11. DAYS 11	12. HOURS	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Rental Farm.		11. BIRTHPLACE (State or foreign country) Bridge Water Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Henry Moss		13b. MOTHER'S MAIDEN NAME Clara Witt		14. NAME OF HUSBAND OR WIFE None			
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'S SIGNATURE OR NAME AND ADDRESS Kate's Snyder Laredo Mo			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		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 type="checkbox"/>	
						4222	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 Dec 6-10-51, as coroner, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. A. Johnson M.D.				23b. ADDRESS Trenton Mo		23c. DATE SIGNED 6-11-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13 1951	24c. NAME OF CEMETERY OR CREMATORY Rural Dale Cemetery		24d. LOCATION (City, town, or county) (State) Trenton Mo.		
DATE REC'D BY LOCAL REG. 6/13/51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS E. J. Robertson Funeral Home Laredo Mo.			

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

0400 /



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.....
Student Embalmer

Signed Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Frenton, Md.

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.