

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13882**

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **6001** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY RALLS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RALLS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SALINE T.S.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SALINE TOWNSHIP.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe City		d. STREET ADDRESS (If rural, give location) Monroe City	

3. NAME OF DECEASED (Type or Print) a. (First) Ollie b. (Middle) EDWARD c. (Last) MOSS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 27 1952		
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH APRIL 22 1893		9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (State or foreign country) RALLS County Missouri		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY OWN Farm	

13a. FATHER'S NAME William Moss		13b. MOTHER'S MAIDEN NAME Ann Tompson		14. NAME OF HUSBAND OR WIFE CYNTHIA JOHNSON MOSS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Cynthia Moss ADDRESS Monroe City Mo. 64701	

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) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC VALVULAR HEART DISEASE DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 5 YEARS	
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"/>	
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) 4214	
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 **Oct 20 1947**, to **Apr 27, 1952**, that I last saw the deceased alive on **Apr 26, 1952**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert M. D. (Degree or title)		23b. ADDRESS Monroe City Mo		23c. DATE SIGNED Apr 28, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 29 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery Ralls Co. Missouri	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS		ADDRESS Monroe City Mo.	
DATE REC'D BY LOCAL REG. 4/29/52		REGISTRAR'S SIGNATURE Clyde Wilkey		26. (Licensed Embalmer's Statement on Reverse Side)	

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

890
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APR 30 1952

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 me

working under my personal supervision.

Student Embalmer No.

Signed Lester L. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Worral City, 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.