

STANDARD CERTIFICATE OF DEATH

State File No. **15304**

10-48

ED APR 28 1953

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **5999** Registrar's No. **11**

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 Center, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Center, Missouri. 8870	
c. LENGTH OF STAY (In this place) 5Yrs		d. STREET ADDRESS (If rural, give location) Center, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Center, Missouri.			

3. NAME OF DECEASED (Type or Print)		a. (First) Thomas		b. (Middle) A.		c. (Last) Moss.		4. DATE OF DEATH (Month) (Day) (Year) April, 18, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July, 17, 1882		9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Months 9 Days 0	11. UNDER 100 Hrs. Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (City and State or Foreign Country) Ralls County, Missouri.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME N.B. Moss		13b. MOTHER'S MAIDEN NAME Emma Peoples		14. NAME OF HUSBAND OR WIFE Myrtle Moss.	
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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 Mrs Myrtle Moss		ADDRESS Center, Missouri	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Myocarditis Acute				1 week	
ANTECEDENT CAUSES		DUE TO (b) _____				6 yrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Paralysis (right side of body)				7 yrs	
DUE TO (c) _____		Hypertension				7 yrs	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				None known	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		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) Center, Missouri	
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 **April 11, 1953**, to **April 18, 1953**, that I last saw the deceased alive on **April 16, 1953**, and that death occurred at **5:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.H. Brooks Jr D.O.		23b. ADDRESS Center, Missouri.		23c. DATE SIGNED 4-2-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-20-1953		24c. NAME OF CEMETERY OR CREMATORY Wolfe Cemetery		24d. LOCATION (City, town, or county) (State) Perry, Missouri.	
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DATE REC'D BY LOCAL REG. 4-20-1953		REGISTRAR'S SIGNATURE Alyde Wilkey		25. FUNERAL DIRECTOR'S SIGNATURE Alyde Wilkey		ADDRESS Perry, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Olyse C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.