

FILED SEP 28 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 32053

BIRTH NO.		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 6244		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wahington			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural-Union		c. LENGTH OF STAY (In this place) 28yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union		d. STREET ADDRESS (If rural, give location) Rt. #1, Cadet	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 1, Cadet				d. STREET ADDRESS (If rural, give location) Rt. #1, Cadet			
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle) May		c. (Last) Moses		4. DATE OF DEATH (Month) (Day) (Year) Sept. 22-1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-5-1880		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 11 Days 17	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY ownhome		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jasper Derkson			13b. MOTHER'S MAIDEN NAME Lucinda Caine		14. NAME OF HUSBAND OR WIFE John Moses		
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 Mrs John Minx Cadet Rt. 1. Mo			
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) CORONARY THROMBOSIS  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 4201  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 15 min  5 yrs.
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)			
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 9-22, 1955, to 9-22, 1955, that I last saw the deceased alive on 9-22, 1955, and that death occurred at 5:50 A. M., from the causes and on the date stated above.							
23a. SIGNATURE Edward W. Lake				23b. ADDRESS Do. 411 E. High Potosi, Mo.		23c. DATE SIGNED 9/23/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-24-1955	24c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery		24d. LOCATION (City, town, or county) Potosi, Mo		(State) Mo
DATE REC'D BY LOCAL REG. 9/23/55		REGISTRAR'S SIGNATURE Helen Reedall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Potosi, Mo		

(Licensed Embalmers Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

SEP 27 1960

WASH. COUNTY HEALTH DEPT.

File No: \_\_\_\_\_

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

*Mary M. Smith*

Licensed Embalmer No. *4394*

P. O. Address *Potosi, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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