

FILED JUL 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24764**

BIRTH NO. _____		REG. DIST. NO. <b>311</b>		PRIMARY REG. DIST. NO. <b>4456</b>		Registrar's No. <b>22</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Appleton City</b>		c. LENGTH OF STAY (In this place) <b>29 days</b>		c. CITY OR TOWN <b>Lowry City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ellett Memorial Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>0730</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosie</b>			b. (Middle) <b>--</b>		c. (Last) <b>Moffett</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July, 2, 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb; 27, 1908</b>		9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Clair County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Amos Hardy</b>		13b. MOTHER'S MAIDEN NAME <b>Susa Moore</b>		14. NAME OF HUSBAND OR WIFE <b>Ellis Moffett</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Ellis Moffett, Lowry City Mo;</b> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Dissecting aneurysm of aorta</b>					INTERVAL BETWEEN ONSET AND DEATH <b>30 days</b>	
	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 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 <b>10pm</b> , 19 <b>55</b> , to <b>2 July</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>2 July</b> , 19 <b>56</b> , and that death occurred at <b>11:10 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>D. H. Shesler MD.</b> (Degree or title)				23b. ADDRESS <b>Osceola Mo</b>		23c. DATE SIGNED <b>4 July 56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/6/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Osceola</b>		24d. LOCATION (City, town, or county) (State) <b>Osceola Mo;</b>		
DATE REC'D BY LOCAL REG. <b>July 13, 1956</b>		REGISTRAR'S SIGNATURE <b>Chas. Abney</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodrich Funeral Home Osceola Mo</b> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Signature of Student Embalmer

Signed..... *J. B. [Signature]* .....

Licensed Embalmer No. *3038*.....

P. O. Address *Orceola W*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.