

## STANDARD CERTIFICATE OF DEATH

1733

State File No. ....

FILED JAN 23 1957

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>5591</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>near Goldman-Central</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>near Goldman</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 21 near Goldman Mo</u>				e. STREET ADDRESS (If rural, give location) <u>Hiway 21 &amp; Goldman</u> <span style="float: right;">0500</span>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HUGH</u>		b. (Middle) <u>AMON</u>		c. (Last) <u>MOSS</u>	
4. DATE OF DEATH		(Month) <u>JAN.</u>		(Day) <u>16</u>		(Year) <u>1957</u>	
5. SEX <u>MALE</u>		6. COLOR (OR RACE) <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 9, 1886</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Post Office</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR ANTONIA MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Philip P. Moss</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Johnston</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Moss</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Julia Moss</u>		ADDRESS <u>Hillsboro Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Apathy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>40570</u>	
		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. <u>Terminal Pneumonia</u>				<u>10da</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350x</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 <u>4-26</u> , 19 <u>56</u> , to <u>1/16</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1/12</u> , 19 <u>57</u> , and that death occurred at <u>4:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul E. Fuller, M.D.</u>				23b. ADDRESS <u>211 S. 7th St.</u>		23c. DATE SIGNED <u>1/16/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 18 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SANDY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SANDY MO</u>	
DATE REC'D BY LOCAL REG. <u>1-18-57</u>		REGISTRAR'S SIGNATURE <u>Oliver D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEILIGTAG FUNERAL HOME IMPERIAL MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED

JAN 21 1957

JAN 29 1957

JAN 24 1957

JAN 18 1957

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 *Arthur W. Heiligtag*  
Arthur W. Heiligtag  
Licensed Embalmer No. 387

P. O. Address 3872

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.

Imperial Mo