

pt. Health,  
, & Welfare  
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ev. 1-57

Securing the medical certification in the specific manner required by 193.140 MoRS 1947.  
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

38973  
STATE FILE NUMBER

FILED OCT 22 1957

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 80

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Washington</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Breton Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Breton Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Near Mineral Point Yrs.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2 mi. E. Mineral Point, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jerome</u> Middle <u>Russell</u> Last <u>Moss</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>12</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-8-1891</u>	9. AGE (In years 1st birthday) <u>66</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Forman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Sabula, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jefferson Moss</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Abrams</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Moss</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-16-0026</u>	17. INFORMANT Address <u>Clara Moss, Mineral Point, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malignancy of stomach</u> <u>Cancer</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>0</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>151X</u>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Potosi, MO.</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>1-11-54</u> to <u>10-3-57</u> and last saw <sup>her</sup> him alive on <u>10-3-57</u> Death occurred at <u>10-12-57 - 3:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>D. L. Gibson D. L.</u> (Degree or title)			22b. ADDRESS <u>Potosi, MO.</u>		22c. DATE SIGNED <u>10-14-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-15-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Masonic Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Potosi, Missouri</u>		
24. FUNERAL DIRECTOR <u>Arthur W. Smith Potosi Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10/16/57</u>	26. REGISTRAR'S SIGNATURE <u>Helmut Kendall</u>		

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 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 .....



Licensed Embalmer No. 4158  
P. O. Address ..... Potosi 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.