

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036839  
STATE FILE NUMBER

NOV 7 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 195

S. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Carthage</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Carthage</u> 0493 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>709 Valley St.</u> Length of stay in 1b <u>4 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>709 Valley St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Peter</u> Last <u>Moskosh</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>25</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 21, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer - Reid.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Marble Co.</u>	11. BIRTHPLACE (City and state or country) <u>Thomasville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Conrad Moskosh</u>	
13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Goldie Hendrix Moskosh</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W:W # 1</u>		16. SOCIAL SECURITY NO. <u>409-10-0538</u>	17. INFORMANT Address <u>Mrs. Goldie Moskosh Carthage 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>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</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.)	
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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>DOA</u> Death occurred at <u>11:05 a.m.</u> to <u>DOA</u> and last saw her alive on <u>DOA</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (D, three or title) <u>Walter Whitten M.D.</u>		22b. ADDRESS <u>Carthage, Missouri</u>	22c. DATE SIGNED <u>10-27-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-28-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sarcovie Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sarcovie, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>The Ulmer Funeral Home-Carthage</u>		25. DATE RECD. BY LOCAL REG. <u>10-27-58</u>	26. REGISTRAR'S SIGNATURE <u>WJ Whitten</u>

DEC 19 1958  
NOV 7 1958  
ROY 20 1958

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 Harold Tutrell, Student Embalmer No. 571 working under my personal supervision.

Student Harold Tutrell  
Signature of Student Embalmer

Signed Edwin S. [Signature]  
Licensed Embalmer No. 19573  
P. O. Address Ballou

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.