

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001847
STATE FILE NUMBER

FILED JAN 16 1959

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 6

300
1-57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE MO b. COUNTY JEFF	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DE SOTO VALLE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN HILLSBORO Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy 21 Length of stay in lb —		d. STREET ADDRESS (If outside, give location) Route # 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BLANCHE ALETA MOSS			4. DATE OF DEATH Month Day Year JAN 3 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 15, 1900
9. AGE (In years last birthday) 58		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) HILLSBORO, MO
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JOHN PARTNEY	
13b. MOTHER'S MAIDEN NAME MARY WRIGHT		14. NAME OF HUSBAND OR WIFE BRYAN MOSS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-28-5625	17. INFORMANT Address OLAN MOSS R2 DE SOTO MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures of skull & face			INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" 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.) Two car accident	
20c. TIME OF INJURY Hour Month, Day, Year 6:00 p.m. 1-3-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
20e. CITY, TOWN, OR LOCATION COUNTY STATE Valle Twp Jeff. MO		20f. CITY, TOWN, OR LOCATION COUNTY STATE Valle Twp Jeff. MO	
21. I attended the deceased from 10945st to _____ and last saw her/him alive on _____ Death occurred at 6:00 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James P. Cooper		22b. ADDRESS Fulton Mo.	
22c. DATE SIGNED 1-3-59		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-8-1959	23c. NAME OF CEMETERY OR CREMATORY SANDY
23d. LOCATION (City, town, or county) PEURVIL MO		23e. LOCATION (City, town, or county) PEURVIL MO	
24. FUNERAL DIRECTOR ADDRESS MAHN Funeral Home De Soto MO		25. DATE RECD. BY LOCAL REG. 1-12-1959	
26. REGISTRAR'S SIGNATURE Marie Fiorini		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE RECEIVED

JAN 14 1959

JAN 20 1959

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 *Fred J. Mahan*

Licensed Embalmer No. *4975*
P. O. Address *De Soto, 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.