

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004393

STATE FILE NUMBER

FILED FEB 26 1959

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

43

300

-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Vandalia 0041
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 309 North Lincell
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Allie Gilmore Moss			4. DATE OF DEATH Month Day Year Feb 12, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 29, 1868	9. AGE (In years, months, days) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done in last 12 months, or if retired, give occupation) Contractor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Callaway County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert A. Gilmore	13b. MOTHER'S MAIDEN NAME Mary Virginia Smith	14. NAME OF HUSBAND OR WIFE T. B. Moss
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. ?	17. INFORMANT Mrs B. L. Gibson, Vandalia, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of sigmoid bowel with metastases to small bowel + bladder</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>metastases to small bowel + bladder</i> DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 a.m. Month, Day, Year 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
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21. I attended the deceased from *June 15, 1958* to *Feb 12, 1959* and last saw ^{her}him alive on *2-12-59*
Death occurred at *1100 St* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>K. D. Swan</i> (Degree or title) <i>MD</i>	22b. ADDRESS <i>Truckee, Mo.</i>	22c. DATE SIGNED <i>2-14-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb 15, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Vandalia Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Vandalia, Missouri</i>
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24. FUNERAL DIRECTOR <i>William B Waters</i> ADDRESS <i>Vandalia Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Feb 15-1959</i>	26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>
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MEDICAL CERTIFICATION

All diagnoses in Part I must be causally related.
K. D. SWAN, M.D.

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 *William P. Waters*

Licensed Embalmer No. *4169*

P. O. Address *Dandalo*

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.