

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017121

STATE FILE NUMBER

FILED JUN 4 1959

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 43

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

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		c. CITY OR TOWN Cameron	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Comm. Hosp. 2da.		d. STREET ADDRESS (If outside, give location) 111 E. Ford	
3. NAME OF DECEASED (Type or print) VICTORIA MOSELEY		4. DATE OF DEATH May 27, 1959	
5. SEX F	6. COLOR OR RACE Cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 2, 1872
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) Nebraska City, Neb.
13a. FATHER'S NAME J.W. Gibson		13b. MOTHER'S MAIDEN NAME Sarah Boone	14. NAME OF HUSBAND OR WIFE Bennett Moseley
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. no	17. INFORMANT Address Mrs. Neek Flanders, Cameron, 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) <i>Acute myocardial infarction</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>Cardiovascular-renal-hepatic hypertension</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Secondary anemia due to malnutrition</i>			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
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.) H/2X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from May 1945 to May 27, 1959 and last saw her/him alive on May 27, 1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS D.O. Cameron, Mo.	22c. DATE SIGNED 5-28-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-29-59	23c. NAME OF CEMETERY OR CREMATORY Hopewell	23d. LOCATION (City, town, or county) (State) DeKalb, Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Poland Funeral Home, Cameron, Mo.		25. DATE RECD. BY LOCAL REG. May 30 - 59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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 Robert F Poland

Licensed Embalmer No. 4777
P. O. Address Camden 9mo

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.