

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014092

FILED VS. MAY 2 1960

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3002

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b Years		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 903 S. Davis		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Moze Last Moze				4. DATE OF DEATH Month April Day 22 Year 1960									
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 301-1886		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY At home			11. BIRTHPLACE (City and state or country) O'Fallon, Missouri			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Unk Williams				13b. MOTHER'S MAIDEN NAME Mary Williams				14. NAME OF HUSBAND OR WIFE Dec.					
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. 486-16-2234		17. INFORMANT Henry Moze		Address Mexico, Missouri					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Biliary cirrhosis DUE TO (c) Carcinoma of pancreas										INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 3 weeks 3 months			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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. p.m.		Month, Day, Year											
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 4.16.60 to 4.22.60 and last saw her alive on 4.22.60 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>William J. Jozzani</i>						22b. ADDRESS 112W. Clark. Mexico Mo			22c. DATE SIGNED 4.25.60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-26-60		23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery			23d. LOCATION (City, town, or county) (State) Mexico, Missouri						
24. FUNERAL DIRECTOR Arnold Funeral Home				25. ADDRESS 510 S. Washington		DATE RECD. BY LOCAL REG. April 25-1960		26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard Y. Mc...

Licensed Embalmer No. 482

P. O. Address Memphis

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.