

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005450

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1469

Primary Registration District No. 1002

Registrar's No. 863

STATE FILE NUMBER

AMENDED

FILED VS MAR 3 1961

DATE AMENDED: 10-17-62  
 INSTEAD OF: Express Messenger  
 DOCUMENT: Express Messenger  
 SHOULD READ: Express Messenger  
 BY AFFIDAVIT OF: Funeral Director

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CASS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY, MISSOURI</b>		Length of stay in 1b <b>59 days</b>	c. CITY OR TOWN <b>HARRISONVILLE, MO.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL, KC, MO.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>604 E Mechanic</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BOYD</b> Middle <b>H.</b> Last <b>MOSS</b>			4. DATE OF DEATH Month <b>FEB</b> Day <b>18</b> Year <b>1961</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-29-99</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Express Messenger</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Express</b>		11. BIRTHPLACE (City and state or country) <b>HENDERSON, KY</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>M. BENNETT E. MOSS</b>		13b. MOTHER'S MAIDEN NAME <b>ELLEN BOYD</b>	
14. NAME OF HUSBAND OR WIFE <b>ADA MARIE MOSS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES 12-21-17 to 12-19-19</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>VA HOSPITAL RECORDS.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Abdominal Carcinomatosis</b> DUE TO (b) <b>Carcinoma of Rectum</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) <b>Bronchopneumonia.</b>		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.		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 <b>VA</b>		20g. COUNTY <b>VA</b>		20h. STATE <b>VA</b>	
21. I attended the deceased from <b>12-21-60</b> to <b>2-18-61</b> and last saw <sup>her</sup> him alive on _____ Death occurred at <b>6:35 AM Feb. 18, 1961</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>T. J. FRITZLEN, M. D.</b>		22b. ADDRESS <b>VA Hospital, K.C., Mo.</b>	
22c. DATE SIGNED <b>2-18-61</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-21-61</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Harrisonville Mo.</b>		23d. LOCATION (City, town, or county) <b>Harrisonville Mo.</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Funerary Services Harrisonville Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-18-61</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

MAR 3 1961

**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 Frank E. Runnenburg

Licensed Embalmer No. 5023

P. O. Address Harrisonville

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.