

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-11-61-027150  
LATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6511-61-027150

FILED JUL 25 1961

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>  |  | Length of stay in 1b<br><u>12 hrs. 50</u> Min.  | c. CITY OR TOWN <u>St. Louis</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Louis - Little Rock Hospitals, Inc.</u>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>1014 Locust Str.</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Eva</u> Middle <u>- -</u> Last <u>Moss</u>   |  |   | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>12</u> , Year <u>1961</u>   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><u>1-30-1889</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Dictaphone Operator</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Railroad</u>  | 9. AGE (last birthday)<br><u>72</u><br>IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u><br>IF UNDER 24 HR: Hours <u>  </u> Min. <u>  </u>                      |
| 11. BIRTHPLACE (City and state or country)<br><u>Jefferson County, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |  |
| 13a. FATHER'S NAME<br><u>Thomas Moss</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Caroline Richmann</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Never Married</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>---</u>   | 17. INFORMANT <u>Clayton (5)</u> Address <u>Missouri</u><br><u>Wm. N. Sellman, 7228 Walinca Terrace</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u><br>DUE TO (b) <u>Arterio Sclerotic Heart Disease</u><br>DUE TO (c) <u>4200</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week</u><br><u>10yrs.</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Hypertension</u>   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20. 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<br>Hour <u>  </u> Month, Day, Year<br>a.m. <u>  </u> p.m. <u>  </u>  | 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 <u>July 11, 1961</u> to <u>July 12, 1961</u> and last saw her <u>  </u> alive on <u>July 11, 1961</u><br>Death occurred at <u>1:20 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Hand West</u>   |  | 22b. ADDRESS<br><u>1755 South Grand Blvd.</u>   | 22c. DATE SIGNED<br><u>7-12-61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>removal</u>  | 23b. DATE<br><u>7-12-61</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Hillsboro Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Hillsboro, Missouri</u>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>C.R. Lupton &amp; Sons - St/ Louis, Mo.</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>JUL 13 1961</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Loed Smith, M.D.</u>   |

**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 Clarence H. Murray

Licensed Embalmer No. 4011  
P. O. Address St. Louis

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.