MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005759
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 19

FILED MAR 5 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0251
2 025½
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4 0
5 2
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12 1-2
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	INSTEAD OF	SHOULD READ	ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cameron Community Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Clinton
c. CITY OR TOWN: Cameron — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 111 East Ford — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First BENNETT Middle WILLIAMSON Last MOSELEY
4. DATE OF DEATH: Month Feb. Day 26, Year 1963
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-16-1875
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Bedford Co. Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Bennett W. Moseley
13b. MOTHER'S MAIDEN NAME: Sarah Turner
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Flo Flanders Address: Cameron mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Decompensation	24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Myocardial Failure.	8 yrs.
DUE TO (c)	Arteriosclerotic heart disease.	—

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Advanced Age.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1940 to 2-26-63 and last saw ~~her~~ him alive on 2-26-63
Death occurred at 12:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C B Bloom MD (Degree or title)
22b. ADDRESS: Cameron, Mo.
22c. DATE SIGNED: 2-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-28-1963
23c. NAME OF CEMETERY OR CREMATORY: Hopewell Baptist Cemetery
23d. LOCATION (City, town, or county) (State): Dekalb Co Mo.

24. FUNERAL DIRECTOR: Poland Funeral Home ADDRESS: Cameron Mo.
25. DATE RECD. BY LOCAL REG.: Feb 28-63
26. REGISTRAR'S SIGNATURE: Frances D Crawford

(Licensed Embalmer's Statement on Reverse Side)

to Dr. 2-27-63
from Dr. 2-27-63

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_____ Signed Robert F Poland
Signature of Student Embalmer

Licensed Embalmer No. 4777 3th St.
222 West
P. O. Address Cameron Mo

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.

Permit issued 2-28-63