

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012784

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 292 Primary Registration District No. _____ Registrar's No. _____

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 8 1963

1. PLACE OF DEATH a. COUNTY <u>Ralls.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perry, Missouri.</u>		Length of stay in 1b <u>4 Yrs</u>	c. CITY OR TOWN <u>Perry, Missouri</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perry, Missouri.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Perry, Missouri.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>JOHN EDGAR MOSS.</u>			4. DATE OF DEATH Month <u>March</u> Day <u>22</u> , Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-20-92</u>
9. AGE (last birthday) <u>70</u>	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) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Ralls County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>N.B. Moss</u>	13b. MOTHER'S MAIDEN NAME <u>Emilie Peoples.</u>
14. NAME OF HUSBAND OR WIFE <u>Katherin Moss.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No.</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>Mrs Katherin Moss, Perry, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: <u>Cardiac failure</u> IMMEDIATE CAUSE (a) <u>Arterosclerosis.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>6:00</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Clyde L. Wisbey, Coroner.</u>		22b. ADDRESS <u>Perry, Mo. Ralls Co.</u>	22c. DATE SIGNED <u>3-25-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-25-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri.</u>
24. FUNERAL DIRECTOR <u>Clyde L. Wisbey</u> Address <u>Perry, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-25-1963</u>	26. REGISTRAR'S SIGNATURE <u>Howard W. ...</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS -

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0870
2 08702
3
4 0
5 1
6
7 0
8 0
94500
10
11
12 90-3
13 1-1

USE BLACK INK OR TYPEWRITER RIBBON

MAY 14 1963

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 Clyde C. Wiley

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri

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.