

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025320

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 5926 Registrar's No. 216

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Flat Creek Township		Length of stay in 1b 8 Years	c. CITY OR TOWN Sedalia Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route # 1 5 Mile South of Sedalia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 1 5 Mile South of Sedalia Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ALICE BARBARA MOSELEY			4. DATE OF DEATH Month Day Year June 23, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-20-1898
9. AGE (last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Sedalia, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas Samuel Jerriell		13b. MOTHER'S MAIDEN NAME Annie Glenora Wise	14. NAME OF HUSBAND OR WIFE George Moseley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no		16. SOCIAL SECURITY NO. [Redacted]	17. INFORMANT Address George Moseley - Sedalia, Missouri
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest			INTERVAL BETWEEN ONSET AND DEATH Died Suddenly
DUE TO (b) Myocardial failure			1 1/2 years
DUE TO (c) Diabetes			3 1/2 years
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 Month, Day, Year 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	COUNTY STATE
21. I attended the deceased from 1959 to 6-23-63 and last saw her alive on 6-8-63 Death occurred at between mid-night & 7:00a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. Walter M.D. (Degree or title)		22b. ADDRESS Sedalia, Missouri	22c. DATE SIGNED 6-24-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 25, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Herman Cemetery	23d. LOCATION (City, town, or county) (State) Pettis County, Missouri
24. FUNERAL DIRECTOR D.W. Hedkart - Sedalia, Missouri		25. DATE RECD. BY LOCAL REG. June 25, 1963	26. REGISTRAR'S SIGNATURE Frances N. Anderson

USE BLACK INK OR TYPEWRITER RIBBON

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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. 692

working under my personal supervision.

Student *Joe Heckert*
Signature of Student Embalmer

Signed *John R Garmier Jr*

Licensed Embalmer No. 5173

P. O. Address *Sedalia 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.