

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028914

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 137 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

FILED JUL 16 1963

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE		c. CITY OR TOWN CARTHAGE	
Length of stay in 1b 10 MONTHS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1505 OAK ST. ROAD		d. STREET ADDRESS (If outside, give location) 1505 OAK ST. ROAD	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last LEONARD RICHARD MOSS			4. DATE OF DEATH Month Day Year JULY 10, 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-28-1874
9. AGE (last birthday) 89		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLASTERER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and state or country) COMARGO, ILL.
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME ISAAC N. MOSS		13b. MOTHER'S MAIDEN NAME HANNAH MOSS	14. NAME OF HUSBAND OR WIFE ELDORA G. MOSS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 	
17. INFORMANT JACK BROWN, CARTHAGE, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia Chronic			INTERVAL BETWEEN ONSET AND DEATH Unknown
DUE TO (b) Chronic Bronchitis Generalized			
DUE TO (c) Unknown			
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 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 e.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 4/27/63 to 7-10-63 and last saw her alive on 6/25/63			
Death occurred at 1:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Typed or printed name) <i>[Signature]</i>		22b. ADDRESS CARTHAGE, MO.	22c. DATE SIGNED 7-10-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-12-63	23c. NAME OF CEMETERY OR CREMATORY SOUTHERN HEIGHTS CEM.	23d. LOCATION (City, town, or county) (State) SAPULPA, OKLAHOMA
24. FUNERAL DIRECTOR ADDRESS ULMER-MOSS FUNERAL HOME, SARCOXIE, MO.		25. DATE RECD. BY LOCAL REG. 7-11-63	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 

Licensed Embalmer No. 4955

P. O. Address CARTHAGE, 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.