

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12903

Bismarck

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town or township) "Rural" Marion		c. CITY (If outside corporate limits, write RURAL and give township) "Rural" Marion	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #4 Carthage, Mo.		d. STREET ADDRESS (If rural, give location) Route #4 Carthage	

3. NAME OF DECEASED (Type or Print) a. (First) Virgil	b. (Middle) Glen	c. (Last) MOSS	4. DATE OF DEATH (Month) (Day) (Year) May 5, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9, 1899	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 5 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman & Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) S. E. of Carthage, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Thomas P. Moss	13b. MOTHER'S MAIDEN NAME Mary Angeline Burger	14. NAME OF HUSBAND OR WIFE Gladys Royer Moss
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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. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gladys Moss	ADDRESS Route #4 Carthage, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 m
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, STOMACH		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1 (COUNTY)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **NOV 13, 1948**, to **MAY 5, 1949**, that I last saw the deceased alive on **MAY 5, 1949**, and that death occurred at **4:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul H. Bismarck M.D.	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED May 6, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-7-1949	24c. NAME OF CEMETERY OR CREMATORY Center Cemetery	24d. LOCATION (City, town, or county) (State) S. E. Of Carthage, Mo.
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DATE REC'D BY LOCAL REG. May 6-1949	REGISTRAR'S SIGNATURE L. B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Ed. C. Ulmer	ADDRESS Carthage, Mo.
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Per. H. Ferguson (If not, Embalmer's Statement on Reverse Side)

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. 262

working under my personal supervision.

Signed Donald L. Roberts
Student Embalmer

Signed Gene P. Pugh

Licensed Embalmer No. 1731

P. O. Address Carthage, 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 this body is not embalmed, fact should be so stated above.