

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40544

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 4118 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Christian County Mo.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sparta Mo.</u> c. LENGTH OF STAY (In this place)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sparta Mo.</u> d. STREET ADDRESS (If rural, give location) <u>no. street no. 3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>—</u> c. (Last) <u>Moses</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 2 1880</u>
9. AGE (In years last birthday) <u>69 yr</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Christian County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>George Moses</u>	13b. MOTHER'S MAIDEN NAME <u>Mary William</u>	14. NAME OF HUSBAND OR WIFE <u>widower</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rex Moses Sparta Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Cardiac Dilatation</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>arteriosclerosis</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct.</u> , 19 <u>48</u> , to <u>Oct-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 29</u> , 19 <u>49</u> , and that death occurred at <u>8:15</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. Warren P. Wilson M.D.</u>		23b. ADDRESS <u>Sparta Mo.</u>	23c. DATE SIGNED <u>Nov 4-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sparta Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian County Mo</u>
DATE REC'D BY LOCAL REG. <u>Dec 1-49</u>	REGISTRAR'S SIGNATURE <u>Lillie Barr</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>	ADDRESS <u>Ozark Mo.</u>

RECEIVED DEC 7 1949
District Health Office No. 6,
District File Number 1249-1338
Date Filed 12-14-49

DEC 6 1949

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
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.