

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1010

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4336 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY OR TOWN <u>Des Arc</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Des Arc</u>	0470
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>U</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rena</u> b. (Middle) <u>V.</u> c. (Last) <u>Moss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19, 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unmarried</u>	8. DATE OF BIRTH <u>Nov. 22, 1894</u>	9. AGE (In years last birthday) <u>55</u>	10. UNDER 1 YEAR <u>1</u>	11. UNDER 2 WKS. Hours <u>27</u> Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (State or foreign country) <u>Piedmont, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thomas Percifield</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Barrett</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Moss</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>U</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gladys B. Moss Des Arc, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> <u>4 1/2</u>
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 Jan 11, 1950, to Jan 17, 1950, that I last saw the deceased alive on 1-17, 1950, and that death occurred at 9 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. Jones, M.D.</u>	23b. ADDRESS <u>Piedmont Mo</u>	23c. DATE SIGNED <u>1-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 22, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Des Arc</u>	24d. LOCATION (City, town, or county) (State) <u>Des Arc Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 31, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> 128	25. FUNERAL DIRECTOR'S SIGNATURE <u>N. W. Rich</u>	ADDRESS <u>Piedmont</u>

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

0470

RECEIVED
DISTRICT HEALTH OFFICE No. 4
File No. _____

0562 6 1950

RECEIVED
DISTRICT HEALTH OFFICE No. 4
File No. 250-772

9 10 1950

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 _____

Marvin E. Bowles

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Marvin E. Bowles

Signed _____
Student Embalmer

Licensed Embalmer No. *426*

P. O. Address *Diedmont, 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.