

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 15678

Registrar's No. 517

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Meth. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4066 Lindell</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dixie</u> b. (Middle) _____ c. (Last) <u>Moss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 15, 1900</u>
9. AGE (In years last birthday) <u>50</u>		10. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>DeKalb, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Bundy</u>	
14. NAME OF HUSBAND OR WIFE <u>Emerson Moss</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emerson Moss, St. Louis, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation - right heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u> <u>Conjunctive liver & spleen</u> DUE TO (c) <u>Arteriosclerotic kidneys; rheumatoid arthritis 4 yrs.</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Flural effusion</u> <u>Pericardial effusion</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>		18 mo	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>442X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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>Nov 26, 1949</u> , to <u>May 6, 1951</u> , that I last saw the deceased alive on <u>May 6, 1951</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>5-8-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5/9/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Westlam Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>DeKalb Missouri</u>
DATE REC'D BY LOCAL REG. <u>May 15, 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Heaton-Bourman Funeral Home, St. Joseph, Mo</u>	

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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 _____

Kenneth E Hayes

Student Embalmer No. *428*

working under my personal supervision.

Student *Kenneth E Hayes*
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St, Omaha*

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.