

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29667

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4067 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aufvoss</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aufvoss</u> <u>0145</u>	
c. LENGTH OF STAY (in this place) <u>81 YAS</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>E.</u> c. (Last) <u>MOSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13, 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 23 1867</u>
9. AGE (in years) last birthday <u>84</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>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wm Moss</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Craig</u>	
14. NAME OF HUSBAND OR WIFE <u>KATE 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>Mr. Jim Moss, Aufvoss, 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>Carcinoma (Prostatic Gland)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatectomy (C.A.)</u> DUE TO (c) <u>Extension + Metastasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>	
18. INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs ago</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)	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>Jan</u> , 1950, to <u>Sept 13</u> , 1951, that I last saw the deceased alive on <u>Jan 12</u> , 1951, and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. L. Demann</u>		23b. ADDRESS <u>202 Cuyvasse Dr</u>	
23c. DATE SIGNED <u>9-13-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 15 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Callaway County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 15 1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home, Fulton, Mo.</u>	

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

0140

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 17 1951

RECEIVED

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 Walter J. Haine, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton 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.