

38149

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 23 1951  
78019-57

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5723 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Miller - Rural, Richwood</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hancock - Rural, Richwood</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hancock - Rural, Richwood</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>6660 9</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Judy</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Moss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Oct. 31, 1951</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 1 HR. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Jasper Lee Moss</u>		13b. MOTHER'S MAIDEN NAME <u>Geneva Francis Goodman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Jasper Moss</u> ADDRESS <u>Hancock, 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>Atelectasis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20hrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				
		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 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 10/31, 1951, to 11/1/51, 1951, that I last saw the deceased alive on 11/1/51, 1951, and that death occurred at 2:30p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. A. Gould</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Iberia, Mo.</u>		23c. DATE SIGNED <u>11/3/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Billings Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 8 - 1951</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins</u> 19 <u>51</u>		GENERAL DIRECTOR'S SIGNATURE <u>Walter C. Hedge</u> ADDRESS <u>Stout, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
665  
1

RECEIVED

NOV 18 1951  
MILLER COUNTY HEALTH  
DEPARTMENT

**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 P. Nedge*

Licensed Embalmer No. \_\_\_\_\_

*4265*

P. O. Address \_\_\_\_\_

*Stevens, 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.