S. No. 300
v. 10-48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

288

State File No. .....

FILED JAN 14 1952

BIRTH NO. ..... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 7

**1. PLACE OF DEATH**
a. COUNTY: Buchanan 0117
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 50 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RAILROAD-YARDS-C.B.&Q.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 2905 No 9

**3. NAME OF DECEASED** (Type or Print): a. (First) Mose b. (Middle) Lafe c. (Last) Moss

**4. DATE OF DEATH** (Month) (Day) (Year): Jan 3 1952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): never Married
**8. DATE OF BIRTH**: 6/?/1877
**9. AGE** (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Buchanan Co Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Rev Raymond Moss
**13b. MOTHER'S MAIDEN NAME**: Adaline Bailey
**14. NAME OF HUSBAND OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: 491-09-8059
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: St Joseph Mo Mrs Juanita Horton

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fracture of Occipito-
DUE TO (c) Parietal bones on right posterior of skull — E8104 27

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**: man was apparently instantely killed when struck by a passenger train
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Railroad yard
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): St Joseph Buchanan Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Jan 3-1952 2:08 A m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Struck by a Passenger train

22. *I hereby certify that I* [redacted] *the deceased from* On 1/3, 1952 *to* ....., 19..., *that I last saw the deceased alive on* ....., 19..., *and that death occurred at* 2:08 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H F Mundy M.D. (Coroner)
**23b. ADDRESS**: St Joseph Mo
**23c. DATE SIGNED**: 1-3-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: JAN-5-52
**24c. NAME OF CEMETERY OR CREMATORY**: HORTON-CEMETERY
**24d. LOCATION** (City, town, or county) (State): HORTON - KANS-

**DATE REC'D BY LOCAL REG.**: Jan 7, 1952
**REGISTRAR'S SIGNATURE**: Carl C. Castle 446
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Stamey Funeral Home St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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

9-52
#8
Stamey to call

## 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.