

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

State File No. 15430

FILED APR 23 1952  
BIRTH NO.

REG. DIST. NO. 366

PRIMARY REG. DIST. NO. 6244

Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Rural-Union</u>	c. LENGTH OF STAY (in this place) <u>YRS.</u>	c. CITY OR TOWN <u>Rural-Union</u>	<u>1100</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. I-Cadet Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Dr. I-Cadet Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>(N.M.N.)</u> c. (Last) <u>Moss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 1-1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April 11-1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Hours   Min.
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>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Washington Co., Mo.</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Chas. Sansoucie</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Courtway Wm. Moss</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. 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>Geo. Moss</u> ADDRESS <u>Rt. 1-Cadet 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver - primary focus undetermined.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 months</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. <u>Hypertensive cardiovascular disease.</u>				<u>2 years +</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1562</u>			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 January, 1952, to April 1, 1952, that I last saw the deceased alive on March 30, 1952, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>		23b. ADDRESS <u>Desoto Mo.</u>		23c. DATE SIGNED <u>4-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachim</u>	
				24d. LOCATION (City, town, or county) (State) <u>Old Mines Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4/3/52</u>		REGISTRAR'S SIGNATURE <u>Helruk Evidal</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>See Matherhead - Desoto, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 8 1952

WASH. COUNTY HEALTH DEPT.

File No. 452-308

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 Andrew H. England

Licensed Embalmer No. 4784.5

P. O. Address De Soto, 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.