

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31173

State File No.

No. 300
10.48
SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give locality) OR TOWN <u>Rural, Spring Creek Twp</u>	c. LENGTH OF STAY (In this place) <u>1 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Hwy. 72 North of Salem</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles 6 miles N. Of Salem Hwy 72</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Washington</u>	c. (Last) <u>Moses</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 10 1862</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. 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>Iron County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Walter Moses</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Morten</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Moses</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Moses, Salem, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>week.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular Renal Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis and</u> DUE TO (c) <u>Ess. Hypertension.</u>		
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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept. 9, 1952 to Sept. 10, 1952, that I last saw the deceased alive on Sept. 10, 1952 and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph R. Burnett, M.D.</u>	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>9/11/52</u>
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24a. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 13, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Salem, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-11-52</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. ...</u>	ADDRESS <u>Salem, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Marshall G. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.