

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

3009

State File No. _____

FILED FEB 11 1953

318

1003

Registrar's No. **0944**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo-Pac Hospital				d. STREET ADDRESS (If rural, give location) 300 North Star			
3. NAME OF DECEASED (Type or Print) a. (First) Alonzo		b. (Middle) OWEN		c. (Last) De Moss		4. DATE OF DEATH (Month) (Day) (Year) 1 27 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 10/20/1893		9. AGE (In years last birthday) 59 If under 1 year: Months 3 Days 7 Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Mo-Pac R.R.		11. BIRTHPLACE (City and State or Foreign Country) Nebraska		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Andrew Jackson DeMoss		13b. MOTHER'S MAIDEN NAME Nancy Smith		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. 702-16-7291		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Paul Weller Oklahoma City Okla			
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) CARCINOMA OF LUNG LEFT ANTECEDENT CAUSES Morbidity 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. _____				INTERVAL BETWEEN ONSET AND DEATH 2 months	
19a. DATE OF OPERATION 11/22/52		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF LUNG LEFT				20. AUTOPSY? YES <input checked="" 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? 163X			
22. I hereby certify that I attended the deceased from Jan 7, 1953 , to Jan 27, 1953 , that I last saw the deceased alive on Jan 26, 1953 , and that death occurred at 3 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE John T. Ambuster		(Degree or title) MO		23b. ADDRESS 1755 So Grand		23c. DATE SIGNED 1/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/29/53		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Wichita Kansas	
DATE REC'D BY LOCAL REG. JAN 27 1953		REGISTRAR'S SIGNATURE John T. Ambuster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 Clayton Road			

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

- 2298 - (Licensed Embalmer's Statement on Reverse Side)

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

Ernest W. Spillers

Licensed Embalmer No. *4080*

P. O. Address _____

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.