

ED MAR 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9657

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caulfield,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caulfield, 8460	
c. LENGTH OF STAY (In this place) 57 yr.		d. STREET ADDRESS (If rural, give location) R F D	
d. FULL NAME OF HOSPITAL OR INSTITUTION X			

3. NAME OF DECEASED (Type or Print) MATTIE MARTHA MOSS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 2-12-53
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) M	8. DATE OF BIRTH 6-7-1895	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 8 Days 5	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) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) CUREALL, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME DAVE ROBERSON	13b. MOTHER'S MAIDEN NAME PHRONIA TILSON	14. NAME OF HUSBAND OR WIFE SAM MOSS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME SAM MOSS, CAULFIELD, MISSOURI	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) General Arteriosclerosis		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Feb. 12, 1953, to Feb. 12, 1953, that I last saw the deceased alive on Feb. 12, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) D.O.	23b. ADDRESS Bakersfield, Mo.	23c. DATE SIGNED 3-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 2-16-53	24c. NAME OF CEMETERY OR CREMATORY CUREALL	24d. LOCATION (City, town, or county) (State) CUREALL, MISSOURI
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DATE REC'D BY LOCAL REG. 3-17-53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MISSOURI	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *A. S. Roberts* _____

Licensed Embalmer No. *3472* _____

P. O. Address *West Plains, 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.