

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27434

FILED JUL 20 1953

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SHELBY	
b. CITY OR TOWN CLARENCE	c. LENGTH OF STAY (In this place) 50 yrs	c. CITY OR TOWN CLARENCE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME		e. STREET ADDRESS (If rural, give location) CLARENCE MO	

3. NAME OF DECEASED (Type or Print)	a. (First) DELLA	b. (Middle) PEARL	c. (Last) MOSS	4. DATE OF DEATH (Month) (Day) (Year) JULY 9 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Feb 14, 1904	9. AGE (In years last birthday) 49	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMES KEEPER	10b. KIND OF BUSINESS OR INDUSTRY HOMESKEEPING	11. BIRTHPLACE (City, and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME John Thomas Moss	13b. MOTHER'S MAIDEN NAME MARGARET McLEOD	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mackey Wood	ADDRESS Clarence Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory collapse		INTERVAL BETWEEN ONSET AND DEATH 5 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) Adenocarcinoma		
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 4500 H	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)
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 **April 16, 1953**, to **July 9, 1953**, that I last saw the deceased alive on **July 9, 1953**, and that death occurred at **9:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dean R. Hill	23b. ADDRESS 400 Clarence, MO	23c. DATE SIGNED 7-15-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-11-53	24c. NAME OF CEMETERY OR CREMATORY MAKEMOOD	24d. LOCATION (City, town, or county) (State) CLARENCE MO
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DATE REC'D BY LOCAL REG. July 17-53	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Stearns	ADDRESS Clarence Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 22 1953

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.....
Signature of Student Embalmer

Signed.....
Charles V. Greening

Licensed Embalmer No. *4625*

P. O. Address.....
Charles V. Greening

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.