

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10291**
Registrar's No. **2699**

BIRTH NO. FILED **MAR 31 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Tennessee b. COUNTY Davidson c. CITY OR TOWN Nashville d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 939 Russell St.	
3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Cordell c. (Last) Moss		4. DATE OF DEATH (Month) (Day) (Year) Mar. 23, 1954.	
5. SEX Male 6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH August 5, 1911		9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Bulding	
11. BIRTHPLACE (City and State or Foreign Country) Gainesboro, Tennessee		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William D. Moss		13b. MOTHER'S MAIDEN NAME Leona Hall	
14. NAME OF HUSBAND OR WIFE Nil.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give year or dates of service) Nil.	
16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME W. D. Moss, Nashville, Tennessee.	
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) Fracture of skull and Subdural Hemorrhage, suffered when struck by auto operated by one Nicholas Plisaris near intersection of Jefferson and Olive Street. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. about 9:02 pm Mar 23 1954	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. ACCIDENT (Specify) Accident	
20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bldg., etc.) Street		20b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 23 54 9:02m.		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. HOW DID INJURY OCCUR? E 812.4		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. 9:02 p.m., 25	
23. SIGNATURE Patrick C. Taylor, Coroner (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3.24.54.		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3-24-54		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Nashville, Tennessee		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
DATE REC'D BY LOCAL REG. MAR 24 1954		ADDRESS 4700 Washington.	

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..... *G. W. Wilkinson*

Licensed Embalmer No..... *35*

P. O. Address..... *17 Row*

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.