

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17391**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>541</b>		Registrar's No. <b>1151</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. LENGTH OF STAY (In this place or township) <b>Mon. 15th</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Richwood</b>		d. STREET ADDRESS (If rural, give location) <b>424 S. Van Buren</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>County Hospital</b>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>			b. (Middle)		c. (Last) <b>Moss</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-14-54</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>April 7, 1867</b>		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 2 WKS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Paris, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Fannie Moss</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joseph Moss, 424 S. Van Buren</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of Colon</b>				DUE TO (b)			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>Inflammation of Colon</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Same as above</b>				19c. MAJOR FINDINGS OF OPERATION <b>153X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <b>9-27, 1954</b> , to <b>5-14, 1954</b> , that I last saw the deceased alive on <b>5-14, 1954</b> , and that death occurred at <b>6:30pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm. J. Voulek</b>				23b. ADDRESS <b>M.D. 601 S. Brentwood</b>		23c. DATE SIGNED <b>5/14/54</b>	
24a. BURIAL CREMATION <b>REMOVAL</b>		24b. DATE <b>May 18, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Richwood, Mo. (Paris, Mo.)</b>	
DATE REC'D BY LOCAL REG. <b>5/17/54</b>		REGISTRAR'S SIGNATURE <b>Heather K. Tomkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ER Krouce</b>		ADDRESS <b>1221 N. Grand</b>	

(Licensed Embalmers' Statement on Reverse Side)

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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 1001 N Grand

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.