

FILED JAN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5432

771

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>486</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Meramec</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Rural of Sullivan</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural of Sullivan Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>0360</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>			b. (Middle) <u>Curgis</u>			c. (Last) <u>Moss</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>1 1 1955</u>			5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>4-20-1888</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Spring Blff Mo. 0</u>			
13a. FATHER'S NAME <u>William Moss</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Richey</u>			14. NAME OF HUSBAND OR WIFE <u>Marie Lancaster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495 26 8568</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Moss</u>			ADDRESS <u>Sullivan Mo.</u>		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic</u>				10 yrs	
				DUE TO (c) <u>Heart Disease</u>					
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 <u>4200</u>						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 <u>June</u> , 19 <u>51</u> to <u>Jan</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/30, 1954</u> , and that death occurred at <u>6:00 AM</u> on the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Thos G Humphrey</u>				23b. ADDRESS <u>Sullivan Mo</u>			23c. DATE SIGNED <u>1/3/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cave Springs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural-Sullivan Mo</u>			
DATE RECD BY LOCAL REG. <u>1-3-55</u>		REGISTRAR'S SIGNATURE <u>Thomas G Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos G Shopper</u>		ADDRESS <u>Sullivan Mo.</u>			

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

