

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20927**

BIRTH NO. _____		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 6284		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WRIGHT			
b. CITY OR TOWN RURAL (MONTGOMERY)		c. LENGTH OF STAY (If in this place) 5 yrs.		c. CITY OR TOWN MANES P.O.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) RURAL 22 mi. NE. Hartville, MO			
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) ALICE		c. (Last) MOSELEY		4. DATE OF DEATH (Month) (Day) (Year) 6 - 7 - 1955
5. SEX FE	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 4-21-1874		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 1 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) DENVER (RURAL) COLO.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME SCHULL			13b. MOTHER'S MAIDEN NAME MARY BRADLEY		14. NAME OF HUSBAND OR WIFE Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME GEORGE MOSELEY		ADDRESS MANES, MO	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Occlusion			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) ARTERIAL Sclerosis			
				DUE TO (c)			
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 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) m.		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 _____, 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.							
23a. SIGNATURE W. Garner, Local Registrar (Degree or title)				23b. ADDRESS Hartville, MO.		23c. DATE SIGNED 6-13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-9-55	24c. NAME OF CEMETERY OR CREMATORY MOSELEY		24d. LOCATION (City, town, or county) (State) East MANES, MO		
DATE REC'D BY LOCAL REG. 6-13-55		REGISTRAR'S SIGNATURE W. Garner 346		25. FUNERAL DIRECTOR'S SIGNATURE John Simpson ADDRESS Hartville, MO.			

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

WRIGHT CO. HEALTH DEPT.
County File Number 653-21
Date Filed 6-18-53

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 Lucien J. Swadlow

Licensed Embalmer No. 451

P. O. Address Quincy

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.