

THE DIVISION OF HEALTH OF MISSOURI  
FILED SEP 14 1955 STANDARD CERTIFICATE OF DEATH

25282

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112</u>		Registrar's No. <u>69</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Ballinger</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lorraine</u>		c. LENGTH OF STAY (In this place) <u>5 wks.</u>		a. STATE <u>Mo.</u>			
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Lutesville</u>		d. STREET ADDRESS <u>5545 St. Louis Ave.</u>		2069			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <u>Quincy</u>		b. (Middle) <u>E</u>		c. (Last) <u>Moss</u>		(Month) (Day) (Year) <u>Sept. 4, 1955</u>			
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 7, 1894</u>			
9. AGE (In years last birthday) <u>61</u>		10. MONTHS <u>1</u>		11. YEARS <u>27</u>		IF UNDER 1 YEAR Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sanitary Equip.</u>		11. BIRTHPLACE (State or foreign country) <u>Benton, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James H. Moss</u>			13b. MOTHER'S MAIDEN NAME <u>Mrs. Helen</u>			14. NAME OF HUSBAND OR WIFE <u>Ethel Moss</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>498-10-6171</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marion Turner</u>				ADDRESS <u>9715 Bird St. St. Louis</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>30-45 min.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*				<u>Major Myocardial Infarction</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) <u>Coronary artery Disease</u>				DUE TO (c) <u>Hypertensive arteriosclerotic Disease</u>					
II. OTHER SIGNIFICANT CONDITIONS				<u>Arteriolar nephrosclerosis</u>					
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>4/201</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>Aug 27, 1955</u> , to <u>Sept 4, 1955</u> , that I last saw the deceased alive on <u>Aug 27, 1955</u> , and that death occurred at <u>2 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. H. Trolinger, M.D.</u>				23b. ADDRESS <u>J. H. TROLINGER, M. D. JACKSON, MISSOURI</u>		23c. DATE SIGNED <u>9/8/55</u>			
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>Sept 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 12-55</u>		REGISTRAR'S SIGNATURE <u>Mellie Vandenburg</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u>		ADDRESS <u>Lutesville Mo.</u>		

SEP 16 1958

MAR 22 1958

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

*A. J. Baker*

Licensed Embalmer No. *3578*

P. O. Address *Turkeyville 971*

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.