

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 5 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>37</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL WASHINGTON</u>		d. STREET ADDRESS (If rural, give location) <u>4 MILES S.E. GRANDVIEW</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles S.E. GRANDVIEW</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLADYS</u> b. (Middle) <u>ROSELLA</u> c. (Last) <u>MOSS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-13-55</u>						
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-1-11</u>		9. AGE (in years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLADE GRINDER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AIRPLANE FACTORY</u>		11. BIRTHPLACE (State or foreign country) <u>CHETOPA KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>BENJAMIN VINTEL</u>		13b. MOTHER'S MAIDEN NAME <u>ROSELLA BOYER</u>		14. NAME OF HUSBAND OR WIFE <u>FORREST G. MOSS</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-26-6747</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F. G. Moss Belton 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>Diabetes</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>260X</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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>9-10-54</u> to <u>9-13</u> , 1955, that I last saw the deceased alive on <u>9-3</u> , 1955, and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. G. Bohlin D.O.</u> (Degree or title)				23b. ADDRESS <u>Belton Mo</u>		23c. DATE SIGNED <u>9-14-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHETOPA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CHETOPA, KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>9/14/55</u>		REGISTRAR'S SIGNATURE <u>Sturling Goddard</u> <u>498-5</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St George's Belton Mo</u> <u>By St George</u>					

**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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*Stephen E. Goddard*

Licensed Embalmer No. *4911*

P. O. Address *Grandview, Mo.*

**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.