

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9826**

FILED APR 9 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5764 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL WARREN TOWNSHIP</b>		c. CITY OR TOWN <b>RURAL WARREN TOWNSHIP</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>35 YRS</b>		STREET ADDRESS (If rural, give location) <b>PALMYRA ROUTE 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PALMYRA, ROUTE 2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>THOMAS</b> c. (Last) <b>MOSS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 1, 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOVEMBER 22, 1887</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>10</b>	IF UNDER 24 HRS Hours <b></b> Min. <b></b>
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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>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MARION COUNTY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>FRANCIS F. MOSS</b>	13b. MOTHER'S MAIDEN NAME <b>CORDELIA THOMAS</b>	14. NAME OF HUSBAND OR WIFE <b>LYDIA MOSS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>189-12-1636</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John F. Moss</b>	ADDRESS <b>Palmyra Mo 2</b>
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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.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT DEATH</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIO-SCLEROSIS</b>		<b>5 YEARS</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **JAN 22, 1951**, to **APRIL, 1956** that I last saw the deceased alive on **MAR 31, 1956**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23. SIGNATURE <b>John F. Moss M.D.</b>	(Degree or title) <b>M.D.</b>	23a. ADDRESS <b>Monroe City Mo</b>	23b. DATE SIGNED <b>Apr 3, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>APRIL 4, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. JUDES MAUSOLEUM</b>	24d. LOCATION (City, town, or county) (State) <b>MONROE CITY, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>4-4-56</b>	REGISTRAR'S SIGNATURE <b>Ray Thala</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilson &amp; Son</b>	ADDRESS <b>Monroe City Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 7 1956  
MARION CO. HEALTH DEPT.  
DATE FILED APR 7 1956

APR 25 1956

APR 22 1956

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 ME, Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed *Leticia L. Wilcox*

Licensed Embalmer No. 301

P. O. Address MONROE CITY

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.