

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9902

580 State File No. 4341 Registrar's No. 23

BIRTH NO.		REG. DIST. NO. 228		PRIMARY REG. DIST. NO. 4341		Registrar's No. 23			
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liege		c. LENGTH OF STAY (in this place) 52 yrs		c. CITY OR TOWN Liege		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home				f. STREET ADDRESS (If rural, give location) 0700					
3. NAME OF DECEASED (Type or Print) Emma Celisia Moseley			a. (First) Emma b. (Middle) Celisia c. (Last) Moseley			4. DATE OF DEATH (Month) (Day) (Year) Mar 14 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 22 1866		9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY General duties		11. BIRTHPLACE (City and State or Foreign Country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Isaac Logan			13b. MOTHER'S MAIDEN NAME Elizabeth Philips			14. NAME OF HUSBAND OR WIFE John B. Moseley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME John B. Moseley				ADDRESS Liege 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hours 10 years	
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 Jan 10, 1945 to Mar 14, 1956 that I last saw the deceased alive on Mar 13, 1956 , and that death occurred at 12:15 pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D. J. DeFuer				23b. ADDRESS 2nd Wellerille Rd			23c. DATE SIGNED 3/15/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 16 1956		24c. NAME OF CEMETERY OR CREMATORY Bellflower Mo.		24d. LOCATION (City, town, or county) (State) Bellflower Mo.			
DATE REC'D BY LOCAL REG. Mar. 19. 1956		REGISTRAR'S SIGNATURE Laura Stollaway		25. FUNERAL DIRECTOR'S SIGNATURE Clara A. Jones		ADDRESS Bellflower M O			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Clarence A. Jones*.....

Licensed Embalmer No...2978

P. O. Address Bellflower.

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.