S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37340

FILED DEC 3 1956

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury
c. LENGTH OF STAY (in this place): approx 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 705 So. Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury
d. STREET ADDRESS (If rural, give location): 705 So. Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): -
c. (Last): Moss

4. DATE OF DEATH (Month) (Day) (Year): Nov. 27-1956

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 14 - 1869
9. AGE (In years last birthday): 87
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Roanoke Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Clifton Harris
13b. MOTHER'S MAIDEN NAME: Harriet Enyert
14. NAME OF HUSBAND OR WIFE: Woodson Moss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Sam Dysart
ADDRESS: Salisbury 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral Accident — 2 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1956, *to* 11-27, 1956, *that I last saw the deceased alive on* 11-27, 1956 *and that death occurred at* 12:30 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L W Courtney MD
23b. ADDRESS: Salisbury Mo
23c. DATE SIGNED: 11/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov 29. 1956
24c. NAME OF CEMETERY OR CREMATORY: Salisbury City Cemetery
24d. LOCATION (City, town, or county) (State): Salisbury Mo

DATE REC'D BY LOCAL REG.: 11/29/56
REGISTRAR'S SIGNATURE: L W Courtney
25. FUNERAL DIRECTOR'S SIGNATURE: Chas. B Winkelmeyer
ADDRESS: Salisbury, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.