

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8129

FILED MAR 19 1957

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 5319 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Dent</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Dent</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sinking Springs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Bunker Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Village of Bunker 80 years</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>xxxxx</u>
3. NAME OF DECEASED (Type or print) <u>John Benjamin Moses</u>			4. DATE OF DEATH Month <u>Mar</u> Day <u>13</u> Year <u>1957</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 9 1873</u>		9. AGE (In years to birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Reynolds Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			13. FATHER'S NAME <u>Jake Moses</u>		
14. MOTHER'S MAIDEN NAME <u>Mary Keterside Moses.</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>xxx</u>		17. INFORMANT Address <u>Anna Street Bunker Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC INSUFFICIENCY</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>MITRAL STENOSIS</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>CARDIAC ASTHMA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1954</u> <u>3 yrs</u> <u>3 yrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE _____	
21. I attended the deceased from <u>12-6-56</u> to <u>3-11-57</u> and last saw <u>her</u> alive on <u>3-11-57</u> Death occurred at <u>18:30</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Glen Newman D.O.</u> (Degree or title)			22b. ADDRESS <u>Centerwick Co, Mo.</u>		22c. DATE SIGNED <u>3-14-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3-16-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bunker Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Bunker MO</u>
24. FUNERAL DIRECTOR <u>Walter Spencer Johnson Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>3-17-57</u>		26. REGISTRAR'S SIGNATURE <u>H H Hunt MD/PH.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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Doctor, coroner, etc. must use only standard non-retractable ink. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Carl H. Jimmy*
Licensed Embalmer No. *23*

P. O. Address *Salmon*

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