

FILED MAY 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 57 U 17758

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>57</u>			
1. PLACE OF DEATH a. COUNTY <u>WAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>WAFAYETTE</u>					
b. CITY OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u> yrs.		c. CITY OR TOWN <u>Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>South 10th St. 05 #2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(Home) South 10th St.</u>				d. STREET ADDRESS (If rural, give location) <u>South 10th St. 05 #2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) _____ c. (Last) <u>MOSES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1957</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>July 31, 1890</u>			
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>employee</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dover, Mo</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>employee</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dover, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>HARRY MOSES</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie JANUARY</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas January</u> ADDRESS <u>So. 10th St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meta static Carcinoma</u>				DUPLICATE					
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.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		19c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		20. AUTOPSY? <u>1999</u> 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) _____		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>4/15/57</u> , to <u>4/15/57</u> , that I last saw the deceased alive on <u>4-15</u> , 1957, and that death occurred at <u>4:00 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joe W Ward M.D.</u>				23b. ADDRESS <u>Lexington, Mo</u>		23c. DATE SIGNED <u>4-17-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 17, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-7-57</u>		REGISTRAR'S SIGNATURE <u>Mamma Karalinski</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George Green</u> ADDRESS <u>Marshall, Mo.</u>					

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

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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.

15X33

Student
Student Embalmer

Signed _____

Joseph Green

Licensed Embalmer No. 4220

P. O. Address *Marshall, 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.