Filed FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20754
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 539

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSP. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD — Inside Limits Yes X No
d. STREET ADDRESS 528 W. LYNN (If outside, give location) — Reside on Farm Yes No X

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3. NAME OF DECEASED (Type or print): First ARTHUR Middle P. Last MOSES

4. DATE OF DEATH Month JUNE Day 10 Year 1957

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH DEC. 27, 1886 9. AGE (In years last birthday) 70 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) FRISCO 10b. KIND OF BUSINESS OR INDUSTRY FRISCO 11. BIRTHPLACE (City and state or country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME ELIZA BUTLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MAUDE MOSES Address SPRINGFIELD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chr Myocardial Decision
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pulmonary Tuberculosis 4222A

19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 10-28-54 to 6-10-57 and last saw him alive on 6-9-57
Death occurred at 4:50 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS Springfield Mo 22c. DATE SIGNED 6-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 12 1957 23c. NAME OF CEMETERY OR CREMATORY Wade Chapel 23d. LOCATION (City, town, or county) Greene County (State) Mo

24. FUNERAL DIRECTOR J W Clingner & ADDRESS Springfield, mo. 25. DATE RECD. BY LOCAL REG. 6-12-57 26. REGISTRAR'S SIGNATURE Estella Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 21 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me; or by ....., Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed Ogle Sloan Jr.

Licensed Embalmer No. 41

P. O. Address Springfie

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.