

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010751
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 218

Primary Registration District No. 5790

Registrar's No. 10

100
-57
070
1

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie Wolf Island		c. CITY OR TOWN East Prairie	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1		d. STREET ADDRESS (If outside, give location) Route 1	

3. NAME OF DECEASED (Type or print) First Gerald Middle Lerose Last Moss			4. DATE OF DEATH Month March Day 25 Year 1958		
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5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> Divorced	8. DATE OF BIRTH Nov. 27, 1957	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 3 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) East Prairie, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Moss	13b. MOTHER'S MAIDEN NAME Fanny Hemphill	14. NAME OF HUSBAND OR WIFE
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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 Louis Moss, R. 1, East Prairie, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tobacco Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	490X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from March 24 to March 25 and last saw ^{her} him alive on March 24/58 Death occurred at 7:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) D. P. Fenton D.O. 2	22b. ADDRESS Wyatt Mo	22c. DATE SIGNED 3/31/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
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24. FUNERAL DIRECTOR A. R. Sparks	ADDRESS Charleston, Mo.	25. DATE RECD. BY LOCAL REG. 4-7-58	26. REGISTRAR'S SIGNATURE Gertrude G. Harper
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED
Miss. Co. Health
County File No. _____
Date Filed 4-7-5

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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address _____

Cape Girardeau,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.