

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024665

STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 787

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Union Star 00200	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		d. STREET ADDRESS (If outside, give location) 5x days 7 mo.	

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM ALFRED MOSES			4. DATE OF DEATH Month Day Year July 24, 1958		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 20, 1894	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	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) attendant	10b. KIND OF BUSINESS OR INDUSTRY Industrial Hospital	11. BIRTHPLACE (City and state or country) Ackerland, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John D. Moses	13b. MOTHER'S MAIDEN NAME Sarah Hayworth	14. NAME OF HUSBAND OR WIFE Pansy Mae Moses
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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. 499-16-5542	17. INFORMANT Mrs. William Moses, Union Star, 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) Coronary Occlusion		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) Coronary Atherosclerosis		2 months
	DUE TO (c) Arteriosclerosis		Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus - 4 years		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Union Star, Mo.	COUNTY Andrew	STATE Missouri
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21. I attended the deceased from July 7, 1958 to July 24, 1958 and last saw him alive on July 23, 1958 Death occurred at 1:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Allen Stuman M.D.</i>	(Degree or title)	22b. ADDRESS 706 Francis St. Joseph, Mo.	22c. DATE SIGNED 7-24-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/26/1958	23c. NAME OF CEMETERY OR CREMATORY Helena Cemetery	23d. LOCATION (City, town, or county) (State) Helena, Missouri
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24. FUNERAL DIRECTOR <i>Horton Bowman</i>	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. July 25, 1958	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 9 1958

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *St Joseph 7002*

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.