

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-033344**

**FILED VS SEP 21 1959**

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. \_\_\_\_\_ Registrar's No. 6-7

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Platte</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Parkville</b>		Length of stay in 1b <b>8 years</b>		c. CITY OR TOWN <b>Parkville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R R # 4</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R R # 4</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>Etta</b> Last <b>Mos</b>				4. DATE OF DEATH Month <b>September</b> Day <b>8</b> Year <b>1959</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <b>Married</b>		8. DATE OF BIRTH <b>Oct. 2 1901</b>	9. AGE (last birthday) <b>57</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Kansas City Missouri</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry B. Robbins</b>			13b. MOTHER'S MAIDEN NAME <b>Berie Smock</b>			14. NAME OF HUSBAND OR WIFE <b>Richard H. Mos</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>R R # 4</b> <b>Mrs Richard H. Mos Parkville Missouri</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Acute Congestive Heart Failure</b>					<b>2 days</b>	
		DUE TO (c) <b>Malignant Hypertension</b>					<b>10 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerosis</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ s.m. _____ p.m. _____			20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from <u>June 1958</u> to <u>8 Sept 1959</u> and last saw her alive on <u>8 Sept 1959</u> Death occurred at <u>10<sup>00</sup> p</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>W G Barnes MD</b>				22b. ADDRESS <b>2014 Swift NKC Mo</b>		22c. DATE SIGNED <b>9 Sept 59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/11/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>				
24. FUNERAL DIRECTOR ADDRESS <b>D.W. Newcomers Sons 1331 Brush Creek Blvd/ Kansas City Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>Sept 11 - 1959</b>		26. REGISTRAR'S SIGNATURE <b>Ophia Rollins</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Chester E Brown

Licensed Embalmer No. 493

P. O. Address E C W

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.

