

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-006288

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 40

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**FILED MAR 8 1962**

1. PLACE OF DEATH  
 a. COUNTY Grundy  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Length of stay in 1b 65 years  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Neal's Nursing Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY Grundy  
 c. CITY OR TOWN Trenton, Mo. Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Neal's Nursing Home. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First J Middle Ted Last Moss  
 4. DATE OF DEATH Month Feb Day 22 Year 1962

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1/6/1872 9. AGE (last birthday) 90  
 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) Retired. 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Bedford, Ind. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George B. Moss 13b. MOTHER'S MAIDEN NAME Nancy A. Meek 14. NAME OF HUSBAND OR WIFE deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Address Wilbur Moss Stamford Texas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arterio-sclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH Five years  
 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) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. p.m.

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 Nov. 1960 to Feb. 22-1962 and last saw him born alive on Feb. 22-1962  
 Death occurred at 10:15 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. H. Cullers M.D. 22b. ADDRESS Trenton, Mo. 22c. DATE SIGNED 2-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/25/62 23c. NAME OF CEMETERY OR CREMATORY Galt Cemetery 23d. LOCATION (City, town, or county) (State) Galt, Mo.

24. FUNERAL DIRECTOR ADDRESS J. Gordon Blackmore Trenton, Mo. 25. DATE RECD. BY LOCAL REG. 2-25-62 26. REGISTRAR'S SIGNATURE Jeanne Fair

*B. Cullers*

**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 *Jordan Blackmer*

Licensed Embalmer No. 4602

P. O. Address Trenton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.