MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022459
STATE FILE NUMBER

Registration District No. 99 Primary Registration District No. _____ Registrar's No. 31

FILED JUN 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
6	320		
2	320		
3			
4	0		
5	1		
6			
7	d		
8	0		
9	331X		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: DeKalb
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Maysville — Length of stay in 1b: 60Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: DeKalb
c. CITY OR TOWN: Maysville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CHARLES — Middle FRANKLIN — Last MOSS

4. DATE OF DEATH: Month June — Day 15 — Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ **Never Married** ☐ **Widowed** ☐ **Divorced** ☐

8. DATE OF BIRTH: 6/23-1883

9. AGE (last birthday): 78 — 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 Trucker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): DeKalb Co. Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: John Moss

13b. MOTHER'S MAIDEN NAME: Mary Sherard

14. NAME OF HUSBAND OR WIFE: Lora Moss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Lora Moss, Address: Maysville Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): probable Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Grand Mal Convulsion
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

MEDICAL CERTIFICATION

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 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 MAY 1962, to June 15 1962 and last saw her/him alive on June 14 1962
Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] — (Degree or title): MD.

22b. ADDRESS: Maysville Missouri

22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/18-62

23c. NAME OF CEMETERY OR CREMATORY: Fairport

23d. LOCATION (City, town, or county) (State): Fairport Missouri

24. FUNERAL DIRECTOR: Pilcher Funeral Home — ADDRESS: Maysville Mo.

25. DATE RECD. BY LOCAL REG.: 6-22-1962

26. REGISTRAR'S SIGNATURE: Gertie E. Davidson

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 C.T. Pilcher
C.T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.