No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41967

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3396 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN DeSoto RURAL (VALLE) c. LENGTH OF STAY (In this place) 39 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION ¼ Mi W. of DeSoto on Hy. H

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY JEFF
c. CITY OR TOWN DeSoto RURAL d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) ¼ Mi. W. of DeSoto on Hy. HO 5 Rt C

3. NAME OF DECEASED (Type or Print) a. (First) HETTIE b. (Middle) — c. (Last) MOSS

4. DATE OF DEATH (Month) Dec (Day) 20 (Year) 1956

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	MARRIED	AUG. 10, 1891	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): IRON Co. MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: NANCY SISK
14. NAME OF HUSBAND OR WIFE: JOHN 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'S SIGNATURE OR NAME ADDRESS: RUTH MOSS DeSoto Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 153X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1953, *to* 12-20, 1956 *that I last saw the deceased alive on* 12-20, 1956 *and that death occurred at* 11 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. E. Pierce D.O
23b. ADDRESS DeSoto
23c. DATE SIGNED 12-22-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE Dec. 23 1956
24c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK
24d. LOCATION (City, town, or county) DeSoto (State) Mo.

DATE REC'D BY LOCAL REG. 12-23-56
REGISTRAR'S SIGNATURE Marie Farris.
25. FUNERAL DIRECTOR'S SIGNATURE Donnell B. Hatch ADDRESS DeSoto Mo.

(Licensed Embalmer's Statement on Reverse Side)