URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 6 1960

60-011576

STATE FILE NUMBER

ENDED

Registration District No. 163 Primary Registration District No. 3396 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~DeSoto~~ (VALLE)
Length of stay in 1b: 30YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ¼MI. WEST ON HY. H
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY JEFFERSON
c. CITY OR TOWN DESOTO
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ¼MI. WEST ON HY. H
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle LAWSON Last MOSS

4. DATE OF DEATH: Month MAR. Day 27 Year 1960

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7-11-1881

9. AGE (last birthday): 78

IF UNDER 1 YEAR / IF UNDER 24 HR — Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (City and state or country): GOLDMAN Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: LAWSON MOSS

13b. MOTHER'S MAIDEN NAME: NANCY CLOVER

14. NAME OF HUSBAND OR WIFE: HETTIE MOSS

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.: 499-05-6671

17. INFORMANT Address: RUTH MOSS, STAR ROUTE, DESOTO Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arterio Sclerosis
DUE TO (c): Hypertension

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 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 1946 to Mar. 27, 1960 and last saw him alive on Mar 27, 1960
Death occurred at 1:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. E. Pierce, D.O

22b. ADDRESS: 105 Easton DeSoto

22c. DATE SIGNED: 3-29-60

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

23b. DATE: 3-29-1960

23c. NAME OF CEMETERY OR CREMATORY: WOODLAWN

23d. LOCATION (City, town, or county) (State): DESOTO Mo.

24. FUNERAL DIRECTOR ADDRESS: DIETRICH F. HOME, DESOTO Mo.

25. DATE RECD. BY LOCAL REG.: Mar. 29-1960

26. REGISTRAR'S SIGNATURE: Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT