

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8726

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 107	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1129 S. Dodgeon				d. STREET ADDRESS (If rural, give location) 1129 S. Dodgeon			
3. NAME OF DECEASED (Type or Print)		a. (First) Donnie		b. (Middle) B		c. (Last) Mosier	
4. DATE OF DEATH		(Month) (Day) (Year)		March 22, 1949			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 12, 1901	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? American	
13a. FATHER'S NAME J. W. Whitley		13b. MOTHER'S MAIDEN NAME Kate Wasson		14. NAME OF HUSBAND OR WIFE A. R. Mosier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. R. Mosier, Independence, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition- Moderate rectal hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Serous cystadenocarcinoma of the ovaries. DUE TO (c) Terminal metastasis lungs, liver, kidney and brain. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X				INTERVAL BETWEEN ONSET AND DEATH Sept. 20/46	
19a. DATE OF OPERATION Sept. 20, 1946		19b. MAJOR FINDINGS OF OPERATION As above with local metastasis of abdomen				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 Aug. 29, 1946 to March 22, 1949, that I last saw the deceased alive on March 21, 1949, and that death occurred at 8:35 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold V Woods M.D.				23b. ADDRESS Independence Mo. 121 1/2 West Lexington		23c. DATE SIGNED Mar. 23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar. 24, 1949		24c. NAME OF CEMETERY OR CREMATORY Md. Grove		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. Mar. 23, 1949		REGISTRAR'S SIGNATURE		35 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John M. Heiman
working under my personal supervision.

Student Embalmer No. 269

Signed John M. Heiman....
Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Independence, Missouri

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 this body is not embalmed, fact should be so stated above.