

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED APR 28 1949**

State File No. **11646**

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

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>		Registrar's No. <b>132</b>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Williamsville</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>None</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Donna</b> b. (Middle) <b>Jean</b> c. (Last) <b>Mosier</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 12 49</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Aug. 29, 1947</b>		9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>23</b>	IF UNDER 6 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Poplar Bluff, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>John V. Mosier</b>		13b. MOTHER'S MAIDEN NAME <b>Kathleen Bilbrey</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give no. or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John V. Mosier- Williamsville, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>--</b> DUE TO (c) <b>--</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>75</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Approx. 1 hour</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank E. Dinelli M.D.</b>				23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>4-13-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-14-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Duncan</b>		24d. LOCATION (City, town, or county) (State) <b>Wayne county</b>		
DATE REC'D BY LOCAL REG. <b>April 16, 1949</b>		REGISTRAR'S SIGNATURE <i>by Clara Johnson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Greer Croy &amp; Fitch, Poplar Bluff, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

APR 25 REC'D

BUTLER COUNTY HEALTH CENTER

449-63

4-25-49

**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.

Signed Wallace M. Fitch

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3159

P. O. Address Poplar Bluff 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 this body is not embalmed, fact should be so stated above.