

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11771****33**
 BIRTH NO. **49-0211-79** REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5189** Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>rural (Wallow)</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>rural, Wallow</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>near Union, Mo</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>none</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>GARRY LEE</b>	b. (Middle)	c. (Last) <b>MOUSER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 23, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Mar. 21, 1949</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 12 HRS. Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Ed Mouser</b>	13b. MOTHER'S MAIDEN NAME <b>Mrs. Frankes</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ed Mouser, Chaffee, Mo. R-3</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unknown</b>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1953</b>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Cape Girardeau Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 22, 1949**, to **Mar. 23, 1949**, that I last saw the deceased alive on **Mar. 22, 1949**, and that death occurred at **2:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. C. Masters 2 No.</b>	23b. ADDRESS <b>Advance, Mo.</b>	23c. DATE SIGNED <b>4-9-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Mar. 23, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chaffee Mo. Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Chaffee, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Apr 15-49</b>	REGISTRAR'S SIGNATURE <b>A. S. Leib</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alfred G. Morgan, Advance, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.4816  
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RECEIVED

Health Officer No. 4  
File Number 449-5  
Date Filed 4-18-

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 Not Embalmed  
working under my personal supervision.

Student .....  
Student Embalmer

Signed William A Morgan  
Student Embalmer No. ....  
Licensed Embalmer No. 4640  
P. O. Address Advance, 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.