

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26419**

BIRTH NO.		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 5278		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Keokuk, Ia b. COUNTY Lee			
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Jackson Tp		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural Jackson Tp		13	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) Ella			b. (Middle) H. G.		c. (Last) Moseley		4. DATE OF DEATH (Month) (Day) (Year) Aug 30th 49
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 9th 1858	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron		10b. KIND OF BUSINESS OR INDUSTRY Old Solks Home		11. BIRTHPLACE (State or foreign country) St Patrick, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME George K. Glasscock			13b. MOTHER'S MAIDEN NAME Lucy Ann Allen		14. NAME OF HUSBAND OR WIFE XX		
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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vincent Boudreau St Patrick Mo			
18. DATE OF OPERATION	18. MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Chronic Myocarditis 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.						420	
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 8/23 , 19 49 , to 8/30 , 19 49 , that I last saw the deceased alive on 8/25 , 19 49 and that death occurred at 1 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Landis Y. Davis M.D.				23b. ADDRESS Canton, Missouri		23c. DATE SIGNED 8/31 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 8/31st 49	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetary		24d. LOCATION (City, town, or county) (State) Keokuk, Iowa		
DATE REC'D BY LOCAL REG. 9/7-49		REGISTRAR'S SIGNATURE Vincent Boudreau			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert P. Treaver Keokuk, Ia		

(Licensed Embalmer's Statement on Reverse Side)

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

23
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RECEIVED SEP 12 1949
District Health Officer No. 10
District File Number 9-49-1583
Date Filed SEP 12 1949

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 _____

Robert P. Treasler

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Robert P. Treasler*

Licensed Embalmer No. 3656

P. O. Address Keokuk Iowa

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.