

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Flat Creek	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location) 3 miles south Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3rd. & Vermont			

3. NAME OF DECEASED (Type or Print) Vandalia			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 11 1950				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October, 30, 1889		9. AGE (In years last birthday) 60		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) Cooper County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William King		13b. MOTHER'S MAIDEN NAME Margaret Huffman		14. NAME OF HUSBAND OR WIFE Emil Mosier	
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. None		17. INFORMANT'S SIGNATURE OR NAME Emil Mosier, Sedalia, Mo.	
				ADDRESS R.F.D.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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) Cancer of the Lung				2 Mos	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of the Pancreas				1 Yr.	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				157X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **MAR 16, 1950**, to **APRIL 11, 1950**, that I last saw the deceased alive on **April 11, 1950**, and that death occurred at **2:55A m.**, from the causes and on the date stated above.

23a. SIGNATURE F.W. Johnson		(Disease or title) D.O. 2108 E. 5th		23b. ADDRESS Sedalia MO		23c. DATE SIGNED Apr. 11, 50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/12/50		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Tipton, MO	

DATE REC'D BY LOCAL REG. April 13 1950		REGISTRAR'S SIGNATURE A. J. Campbell		FUNERAL DIRECTOR'S SIGNATURE McDermott - E. Richards		ADDRESS Tipton, MO	
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(Licensed Embalmer's Statement on Reverse Side)

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

08 04

RECEIVED APR 17
District Health Officer No. 8,
District File Number _____
Date Filed 4-21-50

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.....
Student Embalmer

Signed James E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton, 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.