

FILED JUN 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16878  
2333

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
 c. LENGTH OF STAY (in this place) 30 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
 d. STREET ADDRESS (If rural, give location) 1009 West 63rd St.

3. NAME OF DECEASED  
 a. (First) Oliver b. (Middle) C. c. (Last) Mosman, Sr.

4. DATE OF DEATH (Month) (Day) (Year)  
 May 20, 1950

5. SEX male  
 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Sept. 27, 1870

9. AGE (in years last birthday) 79  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 6 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney - Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Chesley Mosman

13b. MOTHER'S MAIDEN NAME Rocelia Norton

14. NAME OF HUSBAND OR WIFE Mrs. Cornelia B. Mosman, wife

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. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS O.C. Mosman, Jr., 433 West 61st St., K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) *Uremia*  
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) *Arteriosclerosis*  
 DUE TO (c)  
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
 4500

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 11-1949 to 5-20-1950 that I last saw the deceased alive on 5-20-1950 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE C. B. Schutte (Degree or title) \_\_\_\_\_

23b. ADDRESS 370 N H G St

23c. DATE SIGNED 5/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/24/50

24c. NAME OF CEMETERY OR CREMATORY Forest Hill

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 5-24-50 REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.

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

Mrs. Carl Bryant Liberty  
and Weston P. Gingham  
320 W. 47<sup>th</sup>

MIN 10 1934

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

Student Embalmer

Signed

*S J Allen*

Licensed Embalmer No. 1465

P. O. Address H. E. M.

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.