No. 300
10.48

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22683

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 4020 Registrar's No. 125

040
1

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

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Martinsburg
c. LENGTH OF STAY (in this place): 49 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Martinsburg, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Martinsburg 0040
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): HANNAH
b. (Middle): - - -
c. (Last): MOSER

4. DATE OF DEATH (Month) (Day) (Year): July 3 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 14 1877
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 3 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House keeping
11. BIRTHPLACE (State or foreign country): Huntsville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: DAVID S. DAVIES
13b. MOTHER'S MAIDEN NAME: HESTER FULTON
14. NAME OF HUSBAND OR WIFE: J. F. Moser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: J F Moser — ADDRESS: Martinsburg 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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. — 151X

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* March 1, 1950, *to* July 3, 1950, *that I last saw the deceased alive on* July 3, 1950, *and that death occurred at* 2a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Wellsville Mo
23c. DATE SIGNED: 7/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/5/50
24c. NAME OF CEMETERY OR CREMATORY: Wellsville City Com.
24d. LOCATION (City, town, or county) (State): Wellsville, Missouri

DATE REC'D BY LOCAL REG.: July 5-1950
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] — ADDRESS: Wellsville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 1 1 1950
District Health Officer No. 10
District File Number 7-50-1132
Date Filed JUL 1 4 1950

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~~ self

Student Embalmer No.

working under my personal supervision.

Signed A B Wells

Signed
Student Embalmer

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.