

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35988

BIRTH NO. _____		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 4545		Registrar's No. 65	
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Webster			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield		c. LENGTH OF STAY (In this place) 36 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield		1131	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) Unknown			
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Cedric c. (Last) Mosier			4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 21, 1887		9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Months	11. UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Minnesota		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jeff Mosier			13b. MOTHER'S MAIDEN NAME Cynthia Chapman		14. NAME OF HUSBAND OR WIFE Pearl 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 AND ADDRESS Pearl Mosier Marshfield, Mo.			
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) <i>Opopleyia</i>	ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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.						334X
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 <i>Sept 1, 1950</i> , to <i>Sept 4, 1950</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:15 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE W.F. Schmitt MD (Degree & title)			23b. ADDRESS Niagara			23c. DATE SIGNED Oct 27/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 6, 1950	24c. NAME OF CEMETERY OR CREMATORY Marshfield		24d. LOCATION (City, town, or county) (State) Marshfield Mo.		
DATE REC'D BY LOCAL REG. 10/28/50		REGISTRAR'S SIGNATURE [Signature]		3921 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Arthur Bruehl Marshfield, Mo.			

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

DIVISION OF HEALTH OF MO,
District No. 5 - Springfield

RECEIVED OCT 31 1950

Dist. File 1050-2202

Date Filed 10-31-50

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.

Student _____
Student Embalmer

Signed Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Marshfield, 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.