

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1493**

FILED FEB 6 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>Not here</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atwood</u>		8124	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>30th and Maiden Lane</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Carl</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>MOSSER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>2</u> <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 22, 1917</u>		9. AGE (In years last birthday) <u>33</u>	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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Mammond, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Emil Mosser</u>		13b. MOTHER'S MAIDEN NAME <u>Zellie Clapp</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma Mosser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>N. M. ADDRESS</u> <u>Lt Chris Mosser US Army Albuquerque</u>			
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.		11. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot wound inflicted by party or parties unknown to this jury.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ (Coroner's Inquest Medical) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>E 9 P M</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>122</u>				20. AUTOPSY? <u>Dissection</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Joplin Jasper Mo</u>			
21d. TIME OF INJURY <u>APPX - 2-51 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot in the head</u>			
22. I hereby certify that I attended the deceased from <u>Mid Nov 497 am</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:15 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wendell S. Cornum M.D. Coroner of Jasper Co. Joplin</u>				23b. ADDRESS <u>Kate Beck Bldg. Joplin</u>		23c. DATE SIGNED <u>1-23-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Born Mortuary</u>		24d. LOCATION (City, town, or county) (State) <u>Atwood, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>1-24-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Thornhill-Dillon Mort. Joplin, Mo.</u>			

RECEIVED 2-5-51
Jasper County Health Office

County File Number 51-1-56
Date Filed 2-5-51

FEB 1 1951

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 _____

No Arterial Embr. Done just Packed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 4770

P. O. Address *Joplin, 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.