

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1495**

FILED FEB 6 1951

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **221**

495
1495

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

1. PLACE OF DEATH a. COUNTY Probably Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 30th and Maiden Lane		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Pamela b. (Middle) Sue c. (Last) MOSSER			4. DATE OF DEATH (Month) (Day) (Year) Jan 2, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH February 23, 1948
9. AGE (In years last birthday) 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	11. BIRTHPLACE (State or foreign country) Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Carl Mosser		13b. MOTHER'S MAIDEN NAME Thelma Mosser	14. NAME OF HUSBAND OR 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. None	17. INFORMANT'S SIGNATURE OR NAME N.M. ADDRESS Lt Chris Mosser US Army Albuquerque
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound inflicted by party or parties unknown to this family ANTECEDENT CAUSES Corneal degenerative disease 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH E 981X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Mo.	
21d. TIME OF INJURY 1-2-51 12:00 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot in the back	
22. I hereby certify that I attended the deceased from Wed, Jan 2, 1951 , that I last saw the deceased 1-2-51 , and that death occurred at 11:55 AM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter H. Coroner Jasper Co.		23b. ADDRESS Green Hill Park Bldg.	23c. DATE SIGNED 1-23-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 16, 1951	24c. NAME OF CEMETERY OR CREMATORY Born Mortuary	24d. LOCATION (City, town, or county) (State) Atwood, Illinois
DATE REC'D BY LOCAL REG. 1-25-51	REGISTRAR'S SIGNATURE Ed. A. James 138	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort Joplin, Mo.	

RECEIVED 2-5-51
Jasper County Health Office

County File Number 51-1-58

Date Filed 2-5-51

FEB 20 1951

FEB 7 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 _____

Do Arterial Emb. Done Just Parks

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *H. H. Huddleston*

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.