

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1496

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 476 PRIMARY REG. DIST. NO. 2201 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Joplin</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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atwood</u>	
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)  
a. (First) Ronald b. (Middle) Dean c. (Last) MOSSER

4. DATE OF DEATH APR 26 (Day) (Year) 1951  
Jan. 2, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH January 5, 1943 9. AGE (In years last birthday) 7 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) Child 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Decatur, Illinois 12. CITIZEN OF WHAT COUNTRY? U.S.

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) No (If yes, give war or dates of service) 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Gunshot wounds inflicted by party or partner unknown to this jury  
ANTECEDENT CAUSES Coroner's verdict Inquest  
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.

INTERVAL BETWEEN ONSET AND DEATH EMMIX

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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 (Month) (Day) (Year) (Hour) 1-2-51 1:00 PM 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Shot in the head

22. I hereby certify that I attended the deceased from Dec 18, 1950, to last seen, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. S. ... 23b. ADDRESS Joplin Nat'l Burk 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. 1-24-51 REGISTRAR'S SIGNATURE ... 25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort ADDRESS Joplin, Mo.

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

95  
3

RECEIVED 2-5-51  
Jasper County Health Office

County File Number 51-1-60

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 \_\_\_\_\_

no Arterial Emb. Done Just Parker. Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. S. Middleton

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.