

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5146

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 15

| | | | |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jefferson &</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Joachim</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u> | |
| c. LENGTH OF STAY (In this place) <u>6 wks</u> | | 0331 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain View Con. Home</u> | | d. STREET ADDRESS (If rural, give location) <u>--</u> | |

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|-----------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Moser</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2/9/51</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>10/12/1876</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housebuilder</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | | |

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|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|----------------------------------------------------------------|--|
| 13a. FATHER'S NAME <u>Franklin Moser</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Moser</u> | | 14. NAME OF HUSBAND OR WIFE <u>deceased</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. <u>00</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Earl Moser, Salem, Mo</u> | |

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|------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|----------------------------------|--|
| 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) <u>Pneumonia</u> | | DUPLICATE OF (a) | | <u>3 days</u> | |
| ANTECEDENT CAUSES | | DUPLICATE OF (b) | | <u>6 mo?</u> | |
| DUPLICATE OF (c) | | <u>senile dementia</u> | | <u>1 yr?</u> | |
| II. OTHER SIGNIFICANT CONDITIONS | | DUPLICATE OF (d) | | <u>49.3 X</u> | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE OF (e) | | | |

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|----------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| 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) (Minute) | | 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 2-2-1951, to 2-8-1951, that I last saw the deceased alive on 2-8-1951, and that death occurred at 1:09a m., from the causes and on the date stated above.

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|--------------------------------------------------------------|--|---------------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>H. H. D. Smith, M.D.</u> | | 23b. ADDRESS <u>Crystal City, Mo.</u> | | 23c. DATE SIGNED <u>2/2/51</u> | |
|--------------------------------------------------------------|--|---------------------------------------|--|--------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/11/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Salem, Missouri</u> | |
|---------------------------------------------------------|--|--------------------------|--|------------------------------------------------------------|--|----------------------------------------------------------------------|--|

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|-----------------------------------------|--|-----------------------------------------------------|--|---------------------------------------------------------|--|--------------------------|--|
| DATE REC'D BY LOCAL REG. <u>2-20-51</u> | | REGISTRAR'S SIGNATURE <u>Elexander Bonnie, Reg.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl K. Spencer</u> | | ADDRESS <u>Salem, Mo</u> | |
|-----------------------------------------|--|-----------------------------------------------------|--|---------------------------------------------------------|--|--------------------------|--|

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

509

MAR 23 1951
MAY 22 1951

DATE RECEIVED 2-22-51
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Wm. W. McNeal

Signed.....
Student Embalmer

Licensed Embalmer No. 3806

P. O. Address Salem, 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.