

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41053

State File No.

BIRTH NO. FILED JAN 7 1952 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 347

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

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH HOME OF AGED	
c. LENGTH OF STAY (in this place) BIDAYS		d. STREET ADDRESS (If rural, give location) JEFFERSON CITY, MO.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) SIMON	c. (Last) MOSER	4. DATE OF DEATH (Month) (Day) (Year) DEC. 30, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 3, 1888	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR (Months) (Days) 4 27	11. UNDER 1 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CATHOLIC PRIEST	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRANK E. MOSER	13b. MOTHER'S MAIDEN NAME CATHERINE GRAY	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Dr. W. J. Voghtweid	ADDRESS ST. LOUIS
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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) Teardrop left hip Intertrochanteric		INTERVAL BETWEEN ONSET AND DEATH 12/26/51
	ANTECEDENT CAUSES 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. Encephalomalacia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Birdshot	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) St. Joseph Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City Cole Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 26 51 5:24	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW INJURY OCCURRED Fall 121

22. I hereby certify that I attended the deceased from 11-22, 1951, to 12-25, 1951, that I last saw the deceased alive on 12/25, 1951, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marshall W. Kelly M.D.	23b. ADDRESS Jefferson City	23c. DATE SIGNED 1-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 2, 1952	24c. NAME OF CEMETERY OR CREMATORY LOOSE CREEK	24d. LOCATION (City, town, or county) (State) LOOSE CREEK, MO.
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DATE REC'D BY LOCAL REG. Jan 2-1952	REGISTRAR'S SIGNATURE R. P. Dorris MD - MR. 5	25. FUNERAL DIRECTOR'S SIGNATURE Wm. D. Dulle	ADDRESS J. C. MO.
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RECEIVED

JAN 5 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 5 1952

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

Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.