

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

State File No. **3533**
Registrar's No. **1030**

FILED FEB 11 1953

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY St. Louis, Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Nebraska b. COUNTY Richardson	
b. CITY (If outside corporate limits, write RURAL and give township) Falls City	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Falls City	8260
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address by location) Missouri Pacific Hosp		d. STREET ADDRESS (If rural, give location) 1217 Fulton	

3. NAME OF DECEASED (Type or Print) a. (First) Clarence	b. (Middle) W.	c. (Last) Moseman	4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 29, 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brake man	10b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific	11. BIRTHPLACE (City and State or Foreign Country) Falls City, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Moseman	13b. MOTHER'S MAIDEN NAME Margaret Coleman	14. NAME OF HUSBAND OR WIFE Mae
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mae Moseman, Falls City, Nebraska	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis, Recent		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, Ac. Bil			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 332X
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22. I hereby certify that I attended the deceased from **12/27, 1952**, to **1/27, 1953**, that I last saw the deceased alive on **1/27, 1953**, and that death occurred at **8:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. B. [Signature]	23b. ADDRESS Missouri Pac. Hosp.	23c. DATE SIGNED 1/27/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-28-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Hiawatha, Kansas.
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DATE REC'D BY LOCAL REG. JAN 28 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hopps	ADDRESS 4700 Washington Blvd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1953

MAR 5 1953

OCT 5 1953

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 _____

John J. [Signature]
Licensed Embalmer No. 41549

P. O. Address _____

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.