

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13513**

FILED APR 20 1953
BIRTH NO. **27959** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **109**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCOTT	
b. CITY OR TOWN CAPE GIRARDEAU		c. CITY OR TOWN CHAFFEE	
c. LENGTH OF STAY (In this place) 18 HRS		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION CAPE OSTEOPATHIC HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) michael c. (Last) MOSEBACH			4. DATE OF DEATH (Month) (Day) (Year) 4-8-53		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4-7-53	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CAPE GIRARDEAU, MO		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME HERBERT J. MOSEBACH	13b. MOTHER'S MAIDEN NAME NANCY K. ROY	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.	17. INFORMANT'S SIGNATURE OR NAME H. J. Mosebach, Chaffee, MO. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COMPLETE ATELECTASIS		INTERVAL BETWEEN ONSET AND DEATH 15 MIN.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MUCOUS PLUG		18 HRS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7620
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	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 **4-7, 1953**, to **4-8, 1953** that I last saw the deceased alive on **4-8, 1953**, and that death occurred at **3:32 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. J. Mosebach, D.O.	23b. ADDRESS Chaffee, Mo.	23c. DATE SIGNED 4-14-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-9-53	24c. NAME OF CEMETERY OR CREMATORY UNION PARK CEM. CHAFFEE MO
DATE REC'D BY LOCAL REG. 4-14-53	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Chaffee ADDRESS

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

Not Embalmed

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.....

Licensed Embalmer No.....

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.