

FILED JUL 3 - 1953

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

State File No. **23581**

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **3073** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Chaffee		c. CITY (If outside corporate limits, write RURAL and give township) Chaffee	
c. LENGTH OF STAY (In this place) 42 yrs		d. STREET ADDRESS (If rural, give location) 305 S Third	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Sherman	c. (Last) khoyd	4. DATE OF DEATH (Month) (Day) (Year) June 26 - 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 3 1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 2 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired RR Conductor	10b. KIND OF BUSINESS OR INDUSTRY Frisco RR	11. BIRTHPLACE (State or foreign country) Monroe Co. Mo.	12. CITIZEN OF WHAT COUNTRY? Yes
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13a. FATHER'S NAME W M khoyd	13b. MOTHER'S MAIDEN NAME Margaret	14. NAME OF HUSBAND OR WIFE One Parrish khoyd
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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. 702-12-8969	17. INFORMANT'S SIGNATURE OR NAME Mrs One Parrish khoyd	ADDRESS Chaffee Mo
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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) MYOCARDIAL DECOMPENSATION		6 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, MYOCARDIOSIS, RENAL DISEASE		YRS?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extreme cachexia,			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION. none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) none
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? none

22. I hereby certify that I attended the deceased from **2-19, 1952 to June 26, 1953** that I last saw the deceased alive on **6-26, 1953**, and that death occurred at **1:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. J. Mosebach, D.O.	23b. ADDRESS Chaffee, Mo	23c. DATE SIGNED 6-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/28/53	24c. NAME OF CEMETERY OR CREMATORY AND LOCATION (City, town, or county) (State) Memorial Park Cape Girardeau Mo
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DATE REC'D BY LOCAL REG. 6-27-53	REGISTRAR'S SIGNATURE Mrs F. Brasler	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Displingh. of At Home Chaffee
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(Licensed Embalmers' Statements on Reverse Side)

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

JUL 10 1953

RECEIVED 6-29-53
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 653-149

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

Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.