

FILED JUL 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27539

BIRTH NO. _____		REG. DIST. NO. <u>365</u>		PRIMARY REG. DIST. NO. <u>6240</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Harmony Twp.</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Harmony Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Quaker mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Quaker 1100</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Moser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1953</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 29 1880</u>	
9. AGE (in years last birthday) <u>72</u>		10. MONTHS <u>11</u>		11. DAYS <u>20</u>		12. IF UNDER 14 HRS. Hours <u>0</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Moser</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Barr</u>		14. NAME OF HUSBAND OR WIFE <u>Mary A. Moser</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>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laraine Turnbull Quaker</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis cerebral</u> ANTECEDENT CAUSES Asteroid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rigid Brain</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>					20. AUTOPSY? YES ☐ NO ☐
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. C. K. Wolf, M.D.</u>				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>7/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bozar Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crawford Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7.24.53</u>		REGISTRAR'S SIGNATURE <u>Ella D. White</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spauld</u>		ADDRESS <u>Potosi Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

WASH. COUNTY HEALTH DEPT.

Ex No. 753 - 560

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

Murphy L. Spaul

Licensed Embalmer No. *4236*

P. O. Address

Flat River, 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.