

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36386**

FILED DEC 7 1954

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **5019** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) nodaway		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN nodaway
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) ROSA b. (Middle) Cusitt c. (Last) mosser			4. DATE OF DEATH (Month) (Day) (Year) 11-18-1954	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-8-1871	9. AGE (in years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) AMAZONIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Cusett	13b. MOTHER'S MAIDEN NAME ANNA Dallenbach	14. NAME OF HUSBAND OR WIFE otto mosser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ms. Leona Calvert nodaway mo

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) Cardio-Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 10 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Stenosis Regurg.		10 years
	DUE TO (c) Hypertension		10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) 4210
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **June 1946**, to **Nov 18, 1954**, that I last saw the deceased alive on **May 5, 1954**, and that death occurred at **2:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Gilbert B. Kelley (Degree or title)	23b. ADDRESS Swannah mo	23c. DATE SIGNED 11-19-54
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-21-1954	24c. NAME OF CEMETERY OR CREMATORY Amazonia	24d. LOCATION (City, town, or county) (State) Amazonia mo
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. 11-24-54	REGISTRAR'S SIGNATURE Lillian Sparks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home Swannah mo
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *E. C. Breit*

Licensed Embalmer No. *265*.....

P. O. Address *Lawrence*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.