

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN Grant City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 14 days		e. STREET ADDRESS (If rural, give location) 1130,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) David	
c. (Last) Mosberger		4. DATE OF DEATH (Month) (Day) (Year) February 3, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 15, 1881
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. dry cleaner		10b. KIND OF BUSINESS OR INDUSTRY Own business	11. BIRTHPLACE (City and State or Foreign Country) Worth County, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME John Quincy Mosberger	
13b. MOTHER'S MAIDEN NAME Anna Cloe Mill		14. NAME OF HUSBAND OR WIFE Effie Mosberger	
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. None	17. INFORMANT'S SIGNATURE OR NAME Effie Mosberger - Grant City, Missouri
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) Anemia - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) nephrosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease with left ventricular failure	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1-20 , 19 56 , to 2-3 , 19 56 , that I last saw the deceased alive on 2-3 , 19 56 and that death occurred at 2:40 m., from the causes and on the date stated above.			
23a. SIGNATURE Lucia M. Ide		23b. ADDRESS 202 Edward St. Joseph, Mo.	
23c. DATE SIGNED 2-6-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-5-1956	
24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		24d. LOCATION (City, town, or county) (State) Grant City, Missouri	
DATE REC'D BY LOCAL REG. Feb. 9, 1956		REGISTRAR'S SIGNATURE Kathleen M. Allison	
25. FUNERAL DIRECTOR'S SIGNATURE Bill A. Dunfee		ADDRESS Grant City, Mo.	

JUN 14 1956

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 *Bill A. Dunfee*

Licensed Embalmer No. *490*

P. O. Address *Grant City*

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.