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FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20094

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 133

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington
c. LENGTH OF STAY (in this place) 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 620 S. Locust St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Franklin
c. CITY OR TOWN Washington
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 620 S. Locust St. 03620

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Gus c. (Last) Moosmann

4. DATE OF DEATH (Month) (Day) (Year) June 23, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 26, 1893
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 7 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Live Stock Dealer
10b. KIND OF BUSINESS OR INDUSTRY Own Business
11. BIRTHPLACE (City and State or Foreign Country) Berger, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Moosmann
13b. MOTHER'S MAIDEN NAME Mary Giger
14. NAME OF HUSBAND OR WIFE Emma C. Moosmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ~~none~~
17. INFORMANT'S SIGNATURE OR NAME Emma C. Moosmann, Washington, 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.

486-40-4834 MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Cell Carcinoma of glans grade III penis — INTERVAL BETWEEN ONSET AND DEATH ~~7 yrs~~ Aug

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Condylomata accummata — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 179X

19a. DATE OF OPERATION 12-15-55
19b. MAJOR FINDINGS OF OPERATION Squamous Cell carcinoma of glans penis grade III
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-27, 1955, *to* 6-23, 1956, *that I last saw the deceased alive on* 6-23, 1956, *and that death occurred at* 10:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Fred & Elm. Washington Mo
23c. DATE SIGNED 6-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 25, 1956
24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
24d. LOCATION (City, town, or county) (State) Washington, Missouri

DATE REC'D BY LOCAL REG. 6/25/56
REGISTRAR'S SIGNATURE F. C. Hudmann [signature]
25. FUNERAL DIRECTOR'S SIGNATURE Nieburg & Vitt, Inc. ADDRESS Washington, Mo. L.H. Vitt.

(Licensed Embalmer's Statement on Reverse Side)

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

9-0

JUL 2 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lester H. Vitt

Licensed Embalmer No. 32

P. O. Address Washingto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.