

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26096

State File No. ....

FILED AUG 20 1956

42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 876

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>18 yrs.</b>		c. CITY OR TOWN <b>St. Joseph</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2129 South 10th Street</b>				e. STREET ADDRESS (If rural, give location) <b>2129 South 10th Street</b>						
3. NAME OF DECEASED (Type or Print) <b>LAWRENCE</b>			a. (First)		b. (Middle)		c. (Last) <b>MOSSER</b>			
4. DATE OF DEATH <b>August 11, 1956</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan. 30, 1912</b>		
9. AGE (In years last birthday) <b>44</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber Company</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Nodaway, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Otto Mosser</b>			13b. MOTHER'S MAIDEN NAME <b>Rose Ceycet</b>			14. NAME OF HUSBAND OR WIFE <b>Inez</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes W.W. #11</b>			16. SOCIAL SECURITY NO. <b>491-09-9610</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Inez Mosser, 2129 So. 10th, St. Joseph, Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH.		
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Smoke Suffocation</b></p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>3rd&amp;4th degree burns, entire body</b></p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS <b>injured in house fire while alone in his home</b></p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>								<b>1 day</b>		
								<b>1 day</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>16</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph, Buchanan, Missouri</b>						
21d. TIME OF INJURY <b>August 11, 1956 4:30A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fire at home</b>						
22. I hereby certify that I examined the deceased <del>person</del> <b>on</b> <b>8/11</b> , 19 <b>56</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:30A</b> m., from the causes and on the date stated above.										
23a. SIGNATURE <b>H F Mundy (Coroner)</b>				23b. ADDRESS <b>St Joseph Mo</b>				23c. DATE SIGNED <b>8/11/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8/14/1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Amazonia, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>Aug. 15, 1956</b>		REGISTRAR'S SIGNATURE <b>Robert M. Allison</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hester Brown St Joseph Mo</b>					

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

4850

AUG 21 1953

AUG 31 1953

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 *William Spalding*

Licensed Embalmer No. *1573*

P. O. Address *317 S. 10th St.*

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.