

FILED DEC 4 - 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38493

STATE FILE NUMBER

 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 322 S. Webb St.		Length of stay in lb 10 yrs.	d. STREET ADDRESS 322 S. Webb St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle Clifford Last Mosena			4. DATE OF DEATH Month Nov. Day 25 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-26-1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 10 Days 29 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Concrete products	11. BIRTHPLACE (City and state or country) Falls City, Neb.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harry Mosena			14. MOTHER'S MAIDEN NAME Nancy Ray		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. since war or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 491-22-0571	17. INFORMANT Esther Mosena ^{Address} 322 S. Webb St. Webb City, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH Just
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from May 54 to Nov-56 and last saw her alive on 11/25/56 Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Seece [Signature] (Degree or title)		22b. ADDRESS M.D. Webb City, Mo.		22c. DATE SIGNED 11-26-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-27-56	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cem.	23d. LOCATION (City, town, or county) Joplin, Missouri	(State)	
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Mortuary Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 11-27-56	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Harvey C. Arce

Licensed Embalmer No. 44

P. O. Address W.H.C.

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