

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

25496

State File No. _____

FILED JUL 29 1957

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|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>245</u> | | PRIMARY REG. DIST. NO. <u>3047</u> | | Registrar's No. <u>92</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> | | c. LENGTH OF STAY (In this place) <u>23 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> | | d. STREET ADDRESS (If rural, give location) <u>402 Benham St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> | | b. (Middle) <u>Alice</u> | | c. (Last) <u>Moser</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1957</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>July 24: 1879</u> | |
| 9. AGE (In years last birthday) <u>77</u> | | 10. MONTHS <u>11</u> | | 11. DAYS <u>30</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>George Brock</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elvira Jones</u> | | 14. NAME OF HUSBAND OR WIFE <u>Luke Moser (Deceased)</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>George Moser 1522 S. Willington Okla.</u> | | | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> | |
| 19a. DATE OF OPERATION <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>332x</u> | | | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 21b. PLACE OF INJURY (a.e., 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) (Min.) | | 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 <u>15 July, 1957</u> , to <u>23 July, 1957</u> , that I last saw the deceased alive on <u>22 July, 1957</u> , and that death occurred at <u>7:45 A.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>George C. Dine, M.D.</u> | | | | 23b. ADDRESS <u>Neosho, Mo.</u> | | 23c. DATE SIGNED <u>23 July 57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-25-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Stella, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-23-57</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Morris Rogers</u> | | ADDRESS <u>Wheaton Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

223-

RECEIVED

District Health Officer No. Newton

District File Number 757-168

Date Filed JUL 26 1957

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

Student Embalmer

Signed

Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton Mo.

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 this body is not embalmed, fact should be so stated above.