

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32636**

FILED SEP 25 1957

BIRTH NO. 24 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5747 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>MARQUAND</u>		c. CITY OR TOWN <u>MARQUAND</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u> b. (Middle) <u>MARVIN</u> c. (Last) <u>MOUSOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-17-1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARITAL</u>	8. DATE OF BIRTH <u>1-3-1874</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MARQUAND, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOHN F MOUSOR</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINA KELLY</u>	
14. NAME OF HUSBAND OR WIFE <u>ZETTA MOUSOR</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>ZETTA MOUSOR - MARQUAND, MO</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Chronic Nephritis</u>		DUE TO (b) _____		<u>Years?</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bradycardia</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592x</u>		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) (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 Sept 15, 1957, to Sept. 17, 1957, that I last saw the deceased alive on Sept 15, 1957, and that death occurred at 3:30 PM from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>135 W. Main Fredericktown</u>		23c. DATE SIGNED <u>9-21-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-19-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUSOR-COM</u>	
24d. LOCATION (City, town, or county) (State) <u>MARQUAND MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Marquand MO</u>	
DATE REC'D BY LOCAL REG. <u>9-21-1957</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

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FILE No. 937-37

DEC 9 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

Signature of Student Embalmer

Signed *Raymond B. Wilson*

Licensed Embalmer No. 488

P. O. Address *Fredricktown*

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.