

Health,
& Welfare
Public
Service

S. 300
y. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44018

STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 S. VanBuren		Length of stay in 1b lifetime		d. STREET ADDRESS (If outside, give location) 701 S. VanBuren		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Miles Middle Lafayette Last Mosser				4. DATE OF DEATH Month Dec Day 11 Year 1957			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 13, 1883	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming (retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Richland Co. Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Lafayette Mosser				14. MOTHER'S MAIDEN NAME Jane Parr			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Miles L. Mosser, Albany, Mo. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Viral infection upper respiratory tract 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)						INTERVAL BETWEEN ONSET AND DEATH 8 days	
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 _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <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 Albany, Mo.		20g. COUNTY Albany STATE Missouri	
21. I attended the deceased from 12/10/57 to 12/11/57 and last saw ^{the} him alive on 12/11/57 Death occurred at 4:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. M. Numan, M.D.				22b. ADDRESS Albany, Mo.		22c. DATE SIGNED 12/13/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Dec. 14, 57	23c. NAME OF CEMETERY OR CREMATORY Grnadview		23d. LOCATION (City, town, or county) (State) Albany, Missouri		
24. FUNERAL DIRECTOR Clifford Brooks, Albany, Mo.			25. DATE RECD. BY LOCAL REG. 12-13-1957		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare		

(Licensed Embalmer's Statement on Reverse Side)

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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 me Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Donald E. Cochran*

Licensed Embalmer No. 4868

P. O. Address Albany, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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