

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009426  
State No. 104

FILED MAR 31 1958

BIRTH NO. _____		REG. DIST. NO. <u>115-116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> COUNTY <u>St. Charles</u> 1920			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. LENGTH OF STAY (this place) <u>17 days</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>				e. STREET ADDRESS (If rural, give location) <u>R.R. Augusta Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSIE</u>			b. (Middle) <u>MOZEE</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 23 - 1958</u>
5. SEX <u>7.3</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June 5 - 1889</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Berger Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Benjamin Kemp</u>			13b. MOTHER'S MAIDEN NAME <u>Masley</u>		14. NAME OF HUSBAND OR WIFE _____		
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 <u>Max Hilda Kemp</u>			ADDRESS <u>Augusta Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, inoperable, bowel.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year??</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2</u>					
22. I hereby certify that I attended the deceased from <u>1-20 - 1958</u> , to <u>23 Mar, 1958</u> , that I last saw the deceased alive on <u>23 Mar, 1958</u> , and that death occurred at <u>7:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. B. ...</u> (Degree or title)				23b. ADDRESS <u>Washington Mo.</u>		23c. DATE SIGNED <u>25 Mar 58</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>3-26-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Augusta City Cemetery Augusta Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D. BY LOCAL REG. <u>3/28/58</u>		REGISTRAR'S SIGNATURE <u>F. E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Olie Thilking</u> ADDRESS <u>Augusta Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 4 1958

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 *Howard O Kessler* .....

Licensed Embalmer No. *46*

P. O. Address *Wentzville*

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