

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038985

STATE FILE NUMBER

REG. NOV 24 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1243

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Nodaway</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #2</b>		Length of stay in 1b <b>13 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>002 ADDRESS 0</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>HERBERT</b> Middle <b>MOSE</b> Last <b>R</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>18</b> Year <b>1958</b>			
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 14, 1899</b>	9. AGE (In years at birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Nodaway, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>OTTO MOSER</b>	13b. MOTHER'S MAIDEN NAME <b>ROSIE SEIYET</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not of unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>LEONARD MOSER, Nodaway, Mo.</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple CARCINOMAS of LUNGS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 Mos.</b>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>CHRONIC ARTERIOSCLEROTIC HEART DISEASE</b>	<b>UNK</b>
	DUE TO (c) <b>4500H</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>MAN WAS A PATIENT AT STATE HOSPITAL #2 SINCE FEB 23-1945</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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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.) <b>(Diagnosis Schizophrenia, Paranoid Type)</b>
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20c. TIME OF INJURY Hour <b>12:20</b> a.m. <b>A.M.</b> Month, Day, Year	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 <b>St Joseph, Mo.</b>	COUNTY <b>Andrew</b>	STATE <b>MO</b>
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21. I attended the deceased from <b>Nov 17-1958</b> to <b>Nov 18-1958</b> and last saw <sup>her</sup> him alive on <b>Nov 17-1958</b> Death occurred at <b>12:20 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>H F Mundy MD</b>	22b. ADDRESS <b>St Joseph, Mo.</b>	22c. DATE SIGNED <b>Nov 18-1958</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>Nov. 18, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. John's Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>AMAZONIA MO.</b>
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24. FUNERAL DIRECTOR <b>Brief Funeral Home, Levanah</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Nov. 19, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Wm. Clark Stoll</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. H.F. Mundy

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 *James P. Hawkins* .....

Licensed Embalmer No. *4536* .....

P. O. Address *Savannah, Ga.* .....

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.