

81365-58

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043723

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 315

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Washington</u> 03620 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u> Length of stay in lb <u>6 wks</u> | | d. STREET ADDRESS (If outside, give location) <u>207 E. Second St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED First Middle Last <u>Brenda Kay Moosmann</u> | | | 4. DATE OF DEATH Month Day Year <u>Dec. 19, 1958</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov. 6, 1958</u> |
| 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>0 1 13</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | 11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Joe Moosmann Jr.</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Wilma Luttrell</u> | | 14. NAME OF HUSBAND OR WIFE <u>✓</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Joe Moosmann Jr. Washington, Mo</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anaphylactic shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Blood transfusion</u> DUE TO (c) <u>Anemia, type undetermined as yet</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Premature birth</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 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 Month, Day, Year 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 | | COUNTY STATE | |
| 21. I attended the deceased from <u>6 Nov 58</u> to <u>19 Dec 58</u> and last saw her/him alive on <u>19 Dec 58</u> . Death occurred at <u>10:45</u> A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>R. B. Boggs, MD</u> | | 22b. ADDRESS <u>Washington, Mo.</u> | |
| 22c. DATE SIGNED <u>20 Dec 58</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u> | |
| 23b. DATE <u>Dec 20, 1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Washington, Missouri</u> | | 23e. (State) | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Wibburg Pitt, Inc. Washington, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-22-58</u> | |
| 26. REGISTRAR'S SIGNATURE <u>F. S. Johnson & G. H. Hedmann</u> | | (License Embalmer's Statement on Reverse Side) | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Lester A. Witt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, D.C.*

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.