

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037760

FILED VS NOV 9 1960 65

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 56 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TRIPLETT TWP</u>		Length of stay in lb	c. CITY OR TOWN <u>BRUNSWICK Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 MI NORTH</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4 MI NORTH</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE EDWARD MOSER</u>			4. DATE OF DEATH Month Day Year <u>10-27-1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-15-89</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>BRUNSWICK</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>KEIDA MOSER</u>		13b. MOTHER'S MAIDEN NAME <u>EVA REICHERT</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO. <u>495-36-6189</u>		17. INFORMANT Address <u>Mrs Rose Moser same</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Atherosclerotic Heart &amp; Renal</u>		<u>5 or 6 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension - Mitral insufficiency</u>	<u>3 or 4 yrs</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m.	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 COUNTY STATE
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21. I attended the deceased from 7-11-57 to 8-21-59 and last saw him alive on DOA.  
Death occurred at July 27-1960 9:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Drew C Price M.D.</u>	(Degree or title)	22b. ADDRESS <u>Brunswick MO</u>	22c. DATE SIGNED <u>3/6/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-31-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST DONI FARE CEMET BRUNSWICK MO.</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <u>L.F. McCURRY Brunswick Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Nov 7-1960</u>	26. REGISTRAR'S SIGNATURE <u>Arno Watkins Deputy</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 0 I AON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. E. McCarty

Licensed Embalmer No. 4806

P. O. Address Brunswick

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.