ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-005969

STATE FILE NUMBER

AMENDED

Registration District No. 234 Primary Registration District No. 5816 Registrar's No. 3

FILED VS FEB 21 1961

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Richland Twp.
Length of stay in 1b: 6 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 miles northeast of Florence, Missouri
Inside Limits: Yes XX No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia
Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location) 1316 South Carr
Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First DENNIS Middle B. Last MOSIER
4. DATE OF DEATH Month February Day 12 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married Never Married X Widowed Divorced
8. DATE OF BIRTH 10/7/48
9. AGE (last birthday) 12
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY Elementary school
11. BIRTHPLACE (City and state or country) Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Louie Mosier
13b. MOTHER'S MAIDEN NAME Fleica Jean Cutler
14. NAME OF HUSBAND OR WIFE ********
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ********
16. SOCIAL SECURITY NO. none
17. INFORMANT Louie Mosier, Address 1316 South Carr Sedalia, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suffocation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Accidental drowning
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: immediate
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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO X
20a. ACCIDENT X SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Victim fell through ice in Flat Creek
20c. TIME OF INJURY Hour 3:00 a.m. p.m. Month, Day, Year Feb. 12 1961
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
20f. CITY, TOWN, OR LOCATION Florence COUNTY Morgan STATE Missouri
21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 3:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Jesse R. Spencer Coroner (Degree or title)
22b. ADDRESS Versailles, Missouri
22c. DATE SIGNED 2/12/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/15/61
23c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery
23d. LOCATION (City, town, or county) (State) Rural Morgan County, Mo.
24a. FUNERAL DIRECTOR Duane Evans
ADDRESS Sedalia, Mo.
25. DATE RECD. BY LOCAL REG. 2/15/1961
26. REGISTRAR'S SIGNATURE Ann L. Kissinger

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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_____ Signed G. E. Baker

Signature of Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.