SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012942
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 175

FILED MAY 2 1961

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cape Girardeau
c. CITY OR TOWN Jackson — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 215 Morgan — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Andrew Middle: Jackson Last: Mouser
4. DATE OF DEATH Month: April Day: 24 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/26/1878
9. AGE (last birthday): 82 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Glenallen Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John H. Mouser
13b. MOTHER'S MAIDEN NAME: Margrete Goodson
14. NAME OF HUSBAND OR WIFE: Susan Mouser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT: Albert Mouser Address: Jackson

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) Age
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Azotemia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 March 24, 1961 to April 23, 1961 and last saw her/him alive on April 23, 1961
Death occurred at 1:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph E. Hecker, M.D.
22b. ADDRESS: 208 South High
22c. DATE SIGNED: April 27, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/26/61
23c. NAME OF CEMETERY OR CREMATORY: Russell Heights
23d. LOCATION (City, town, or county) (State): Jackson Mo.
24. FUNERAL DIRECTOR: McComb's ADDRESS: Jackson Mo.
25. DATE REC'D BY LOCAL REG.: 4-28-61
26. REGISTRAR'S SIGNATURE: Irene Karsten

(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 Bruce Dockins

Signature of Student Embalmer

Licensed Embalmer No. 5097

P. O. Address Jackson, MS

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.