SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-028816
STATE FILE NUMBER

AMENDED

Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 35

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Senath
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN: Senath
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Box F
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Lois Middle Irene Last Moser
4. DATE OF DEATH: Month Sept. Day 5, Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/22/1910
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months 1 Days 13
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sikeston, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: William Ramsey
13b. MOTHER'S MAIDEN NAME: Bessie Ferguson
14. NAME OF HUSBAND OR WIFE: Ben Moser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
17. INFORMANT: Ben Moser, Address: Senath, Mo.

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): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Multiple Myeloma — 1 yr
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. ☐ 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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Roger L. Green M.D.
22b. ADDRESS: Senath Mo.
22c. DATE SIGNED: 9/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/6/1961
23c. NAME OF CEMETERY OR CREMATORY: Senath
23d. LOCATION (City, town, or county) (State): Senath Missouri

24. FUNERAL DIRECTOR ADDRESS: McDaniel Funeral Service, Senath, Mo.
25. DATE RECD. BY LOCAL REG.: Sept-8-1961
26. REGISTRAR'S SIGNATURE: Mabel T. Douglass

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1961

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 O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath, 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.