

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026323

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 335

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 6 1962

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KINDER TOWNSHIP</u>		Length of stay in lb <u>17 YEARS</u>	c. CITY OR TOWN <u>KINDER TOWNSHIP</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BURFORDVILLE, MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RURAL ROUTE - BURFORDVILLE</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GLENN</u> Middle <u>ALLEN</u> Last <u>MOUSER</u>		4. DATE OF DEATH Month <u>JULY</u> Day <u>22</u> Year <u>1962</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>DEC 26, 1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRICAL</u>	9. AGE (last birthday) <u>54</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 24 HR: Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (City and state or country) <u>BOLLINGER COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>ANDREW MOUSER</u>		13b. MOTHER'S MAIDEN NAME <u>IDA SAWYER</u>	14. NAME OF HUSBAND OR WIFE <u>VERTIS SITZES MOUSER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u> <u>N/A</u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT <u>VERTIS SITZES MOUSER - BURFORDVILLE, MO</u> Address <u> </u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>	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>5:15</u> to <u> </u> and last saw her/him alive on <u> </u> Death occurred at <u> </u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J.E. Hecker, M.D.</u>		22b. ADDRESS <u>Jackson, Missouri</u>	22c. DATE SIGNED <u>7/26/62</u> (State)
23a. BURIAL, CREMATION, REMOVAL (specify) <u>BURIAL</u>	23b. DATE <u>JUL 25, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RUSSELL HEIGHTS</u>	23d. LOCATION (City, town, or county) <u>JACKSON, MO</u>
24. FUNERAL DIRECTOR <u>J.N. Boudinot</u> ADDRESS <u>Jackson, MO</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 4 - 62</u>	26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 9 1962

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 *H. C. Cawcutt*

Licensed Embalmer No. 4327

P. O. Address Jordan, 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.