MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-028355
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 321

FILED JUL 31 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 801 Monroe St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Francois
c. CITY OR TOWN Flat River, Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 801 Monroe St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Martha Middle E. Last Mosier

4. DATE OF DEATH Month July Day 24 Year 1962

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6/29/80

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) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Francois Co. Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Rev. J.D. Flanery

13b. MOTHER'S MAIDEN NAME Esther Ann Wood

14. NAME OF HUSBAND OR WIFE James P. Mosier

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. —

17. INFORMANT James P. Mosier Address 801 Monroe St. Flat River, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arterio-sclerosis general
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a) Fr. hip fell in home
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.) fell in home

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year July 5 1962

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.) In her home

20f. CITY, TOWN, OR LOCATION Flat River — COUNTY St Francois — STATE Mo

21. I attended the deceased from June 1955, to 7-24-62 and last saw her/him alive on 6-23-62
Death occurred at 12 noon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) NC Gaebe M D

22b. ADDRESS Desloge Mo

22c. DATE SIGNED 7-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 7/26/62

23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery

23d. LOCATION (City, town, or county) Farmington (State) Mo.

24. FUNERAL DIRECTOR Alvin W. Hood — ADDRESS 303 Crane St Flat River, Mo.

25. DATE RECD. BY LOCAL REG. July 26, 1962

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1962

AUG 28 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 Alonzo, Hood

Licensed Embalmer No. 2780

P. O. Address Fall River, Mass.

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.