

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39986
Registrar's No. 20

Registration District No. 145

Primary Registration District No. 5566

1. PLACE OF DEATH:

(a) County IRON
(b) City or town (NEAR) IRON MOUNTAIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ?

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution IN ROUTE
(Specify whether)

In this community
years, months or days

3: (a) PRINT FULL NAME DAVID PAUL MOSIER

3: (b) If veteran, name war ✓ 3: (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6: (a) Single, widowed, married, divorced SINGLE

6: (b) Name of husband or wife ✓ 6: (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased OCT 24 1947
(Month) (Day) (Year)

8. AGE: Years 1 Months 2 Days 1 If less than one day
hr. min.

9. Birthplace ARCADIA Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

12. Name WHITNEY LEO MOSIER

13. Birthplace WAINE Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name EFFIE TWICKER

15. Birthplace DESARC Mo
(City, town, or county) (State or foreign country)

16: (a) Informant Alta F Mosier

(b) Address Des Arc Mo

17: (a) Burial (b) Date thereof Dec 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Arc Mo

18: (a) Signature of funeral director Geo. E. Gresh

(b) Address Suburban Mo

19: (a) Jan 1949 (b) Mrs. Elizabeth Bogan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Iron
(c) City or town Des Arc
(If outside city or town limits, write "RURAL")

(d) Street No. ?
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 25
year 1948 hour 12:15 minute 9 A. M.

21. I hereby certify that I attended the deceased from Dec. 24, 1948, to Dec. 25, 1948

that I last saw him alive on Dec. 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration 8 hrs.

Due to Aspiration into bronchus of piece of walnut. 8 hrs.

Due to

Other conditions 1982
(Include pregnancy within 3 months of death)

Major findings: 1982
Of operations 19

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 47

(b) Date of occurrence Dec 24, 1948

(c) Where did injury occur? Des Arc, Iron, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? (Specify type of place) 0
(e) Means of injury

23. Signature Ben J. Bull (M. D. or other) M.D.

Address Fronton, Mo. Date signed 12-30-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 149-26

Date Filed 1-11-49

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Paducah, 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 this body is not embalmed, fact should be so stated above.