

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19698
2749

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 15 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		54	
d. FULL NAME OF HOSPITAL OR INSTITUTION TUGLES NURSING HOME				d. STREET ADDRESS (If rural, give location) 2016 LINWOOD BLVD.			
3. NAME OF DECEASED (Type or Print)		a. (First) ROSA		b. (Middle) JENETTIE		c. (Last) MOSSMAN	
4. DATE OF DEATH		(Month) JUNE		(Day) 23		(Year) 1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 25 1864	
9. AGE (In years last birthday) 85 YEARS		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 28 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) DOUGLAS COUNTY, KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME SAMUEL H. LOFLAND		13b. MOTHER'S MAIDEN NAME AMERICA VIRGINIA		14. NAME OF HUSBAND OR WIFE JOHN E. MOSSMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE		17. INFORMANT'S SIGNATURE OR NAME MISS ALBERTA MOSSMAN			
				ADDRESS 2016 LINWOOD BLVD. KANSAS CITY, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chl. myocarditis		DUE TO (b) Hyperlipidemia				10 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arterio Sclerosis				10 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NO							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NO				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 443X		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) NO		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 23, 1949 to June 23, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 A.m., from the causes and on the date stated above.							
23a. SIGNATURE M. B. Casbolt (Degree or title) M.D.				23b. ADDRESS 4000 Baltimore K-2 No 1/24/49		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 25 1949		24c. NAME OF CEMETERY OR CREMATORY WEST UNION CEMETERY		24d. LOCATION (City, town, or county) (State) PECULIAR, MISSOURI	
DATE REC'D BY LOCAL REG. 6-25-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Bernard L. Loren.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4250.....

P. O. Address W.C. 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.