

FILED SEP 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 27805

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>317</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Francois</u>		b. CITY (If outside corporate limits, write RURAL and give town or town) <u>Farmington St. Francois</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Francois</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		c. LENGTH OF STAY (In this place) <u>3 Mos., 28 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankelay</u>		OR TOWN <u>14</u>	
3. NAME OF DECEASED				4. DATE OF DEATH		5. CITIZEN OF WHAT COUNTRY?	
a. (First) <u>ALFRED</u>		b. (Middle) <u>W.</u>		c. (Last) <u>MOSIER</u>		8. DATE OF BIRTH	
(Type or Print)						9. AGE (In years last birthday) <u>62</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>D. A. Mosier</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Hampton</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia, terminal</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)				<u>024X</u>	
		II. OTHER SIGNIFICANT CONDITIONS				Unknown	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Tabes Dorsalis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 25, 1949</u> , to <u>August 23, 1949</u> , that I last saw the deceased alive on <u>August 23, 1949</u> , and that death occurred at <u>9:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John A. Brennan M.D.</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>Mo. 8-24-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 25, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leadwood, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 24, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. Boyer</u>		ADDRESS <u>Leadwood, Mo.</u>	

RECEIVED
8-27-49
District Health Officer No. 4
District File Number 849-1147
Date filed

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
Student Embalmer

Signed William E. Bayer

Licensed Embalmer No. 4230

P. O. Address Leadwood, 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.