

FILED JAN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40482

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>113</u>		
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON</u>		c. LENGTH OF STAY (in this place) <u>5 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTH SIDE Hos</u>				d. STREET ADDRESS (If rural, give location) <u>HIGHWAY 24</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT</u> b. (Middle) <u>A</u> c. (Last) <u>MOSEER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-1949</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>11-21-1919</u>		
9. AGE (In years last birthday) <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OIL STATION OWNER</u>		11. BIRTHPLACE (State or foreign country) <u>BRUNSWICK MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OIL STATION OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CIL</u>		11. BIRTHPLACE (State or foreign country) <u>BRUNSWICK MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>JOHN MOSEER</u>			13b. MOTHER'S MAIDEN NAME <u>MIMMIE MASON</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL MOSEER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WORLD WAR 2 500-12-7227</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. HERBERT MOSEER CARROLLTON</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Contusion & Pressure from swelling of brain tissue</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>swelling of brain tissue</u> DUE TO (c) <u>Internal injuries, shock</u> II. OTHER SIGNIFICANT CONDITIONS <u>multiple fractures of left limb</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8:124</u> <u>25</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Falling Station</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carroll MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 14 49 12m</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Crashed into victim while he was at work - 17</u>				
22. I hereby certify that I attended the deceased from <u>Dec 14, 1949</u> ; to <u>Dec 15, 1949</u> , that I last saw the deceased alive on <u>Dec 15, 1949</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Herbert C. ...</u>				23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>Dec 15 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-17-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. DOMINIC</u>		24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO</u>		
DATE REC'D BY LOCAL REG. <u>12/17/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calver</u>		FUNERAL DIRECTOR'S SIGNATURE <u>L. W. ...</u>		ADDRESS <u>Brumswick</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

17
1

7mo

RECEIVED 1-3-49
District Health Officer No. 8,
District File Number.....
Date Filed 1-3-49

JAN 5 1950

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 L. W. Geisler

Licensed Embalmer No. 823

P. O. Address Brunswick

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.