No. 300
10.48

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16084

State File No.

BIRTH NO. ____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Camdenton
c. LENGTH OF STAY (in this place): 1 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home (Gis) Gen Del

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Camdenton, Mo
d. STREET ADDRESS (If rural, give location): Gen Del

3. NAME OF DECEASED (Type or Print): a. (First) Elijah b. (Middle) Richard c. (Last) Mosier

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 8 1876
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Gen: Merchandising
11. BIRTHPLACE (State or foreign country): Mar Macks Creek Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John L Mosier
13b. MOTHER'S MAIDEN NAME: Henerette Hack
14. NAME OF HUSBAND OR WIFE: Clara Josephine Gibson (Mos:of)

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs E R Mosier
ADDRESS: Camdenton, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombotic encephalomalacia — 2 yrs.
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
332 X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20, 1945 *to* 5-16, 1950, *that I last saw the deceased alive on* 5-15, 1950, *and that death occurred at* 1:20 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: L Dale Atterberry (Degree or title) D.O.
23b. ADDRESS: Camdenton Mo
23c. DATE SIGNED: 5-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17-50
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill
24d. LOCATION (City, town, or county) (State): Camden Co. Mo

DATE REC'D BY LOCAL REG.: May 18-1950
REGISTRAR'S SIGNATURE: Zilpha Drew 420
25. FUNERAL DIRECTOR'S SIGNATURE: Bankson-Woolery
ADDRESS: Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-23-50
District Health Officer No. 7
District File Number 4-50-
Date Filed 5-23-50

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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton, M

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.