

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16549**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **131**

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>mo</b> b. COUNTY <b>BATES</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>BUTLER mo</b>	
c. LENGTH OF STAY (In this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>RR # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WETZEL HOSPT</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>BERTHA</b>	b. (Middle) <b>ALICE</b>	c. (Last) <b>MOSIER</b>	Month <b>MAY</b>	Day <b>17</b>	Year <b>1950</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11/3/1878</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James Pichford</b>	13b. MOTHER'S MAIDEN NAME <b>MARY Pichford</b>	14. NAME OF HUSBAND OR WIFE <b>John Mosier</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Kenneth White Clinton</b>

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>	DUE TO (b) <b>cerebral hemorrhage</b>		<b>7 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		<b>8 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>231X</b>

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) (Min)	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 **5-12**, 19**50** to **5/17**, 19**50**, that I last saw the deceased alive on **5/17**, 19**50**, and that death occurred at **8:15** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>R. J. Howell, M.D.</b>	23b. ADDRESS <b>Clinton mo</b>	23c. DATE SIGNED <b>5/18/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/20/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Butler cem</b>
24d. LOCATION (City, town, or county) (State) <b>Butler mo</b>		

DATE REC'D BY LOCAL REG. <b>May 20 50</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. E. Conners Clinton</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 11 1950

RECEIVED 5-23-50  
District Health Officer No.  
District File Number 4-50-6  
Date Filed 5-23-50

JUN 6 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 *J E Conroy*  
Licensed Embalmer No. *1891*

P. O. Address *Clinton, 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.