

FILED MAR 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9754

BIRTH NO. REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6047 Registrar's No. 2

920

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Wright City</u> b. COUNTY <u>Warren</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri</u> | |
| c. LENGTH OF STAY (in this place) <u>1 day</u> | | 1090 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

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|--|-------------------------------|--|--|---|-------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>MOZEE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24-1951</u> | | |
| 5. SEX <u>m</u> | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>Dec 31-1950</u> | 9. AGE (In years last birthday) <u>2</u> | IF UNDER 1 YEAR Days <u>-</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Wright City, Mo.</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>Noah Mozee</u> | 13b. MOTHER'S MAIDEN NAME <u>Coleman</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Noah Mozee</u> ADDRESS <u>Wright City, Mo</u> |
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| 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, asthma, 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* <u>influenza meningitis</u> | | <u>1 day</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Oris Infection</u> DUE TO (c) | | <u>7 days</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>3400</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | 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 <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 2-24, 1951, to 2-74, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Charles W. Price M.D.</u> (Degree or title) | 23b. ADDRESS <u>Wentzville, Mo</u> | 23c. DATE SIGNED <u>2-26-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 26/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u> | 24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>March 4/1951</u> | REGISTRAR'S SIGNATURE <u>Mark G. Buff</u> 408 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Keith</u> ADDRESS <u>Dallow Mo</u> |
|--|---|---|

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 28 1951

RECEIVED

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 _____
Body not embalmed Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed _____
E. Keethly
Licensed Embalmer No. *872*
P. O. Address *Dullon St*

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.