No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1951

State File No. 26733

BIRTH NO. ____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Howard 0460
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains
c. LENGTH OF STAY (in this place) 11yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓ Rural ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains 0460
d. STREET ADDRESS (If rural, give location) Zebo Rt 0

3. NAME OF DECEASED (Type or Print)
a. (First) Carrie b. (Middle) Belle c. (Last) Mosher

4. DATE OF DEATH (Month) (Day) (Year) 7-2-1951

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 1
8. DATE OF BIRTH 5-15-1900
9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months 1 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Youngstown Pa 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME French Patterson
13b. MOTHER'S MAIDEN NAME ✓
14. NAME OF HUSBAND OR WIFE A. V. Mosher

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. ✓
17. INFORMANT'S SIGNATURE OR NAME A. V. Mosher, West Plains Mo ADDRESS

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) Chronic Myocarditis — 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)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
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* 7-1, 1951, *to* 7-2, 1951, *that I last saw the deceased alive on* 7-1, 1951, *and that death occurred at* 9:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. Richard A. Smith (Degree or title) D.O.
23b. ADDRESS West Plains, Mo.
23c. DATE SIGNED 7-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Bur.
24b. DATE 7-5-51
24c. NAME OF CEMETERY OR CREMATORY Union
24d. LOCATION (City, town, or county) West Plains Mo (State)

DATE REC'D BY LOCAL REG. 8-27-51
REGISTRAR'S SIGNATURE Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE Roberson West Plains Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED, SEP 4 1951
Dist. File 951-1609
Date Filed 9-6-51

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 D. D. Roberts

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.