

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12076

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 470

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (In this place) 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) Rural Agency Twp. 0110
d. STREET ADDRESS (If rural, give location) R.F.D. # 4 St. Joseph, Mo.

3. NAME OF DECEASED
a. (First) William b. (Middle) F. c. (Last) Moser
4. DATE OF DEATH (Month) (Day) (Year) Apr 30 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH April 19, 1875 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (2) Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frederick Moser 13b. MOTHER'S MAIDEN NAME Not Known 14. NAME OF HUSBAND OR WIFE Nellie Moser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Moser R4 St Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Dis. Arter. Sclerotic
ANTECEDENT CAUSES (Heart Disease Arteriosclerotic)
Morbidity 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 Ca. of Prostate
Conditions contributing to the death but not related to the disease or condition causing death. (Carcinoma of Prostate)

19a. DATE OF OPERATION 4-30-52 19b. MAJOR FINDINGS OF OPERATION Ca. Prostate (Carcinoma of Prostate) 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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4200 H

22. I hereby certify that I attended the deceased from Apr 29, 1952 to Apr 30, 1952, that I last saw the deceased alive on Apr 29, 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. H. J. Jurek M.D. 23b. ADDRESS St. Joseph, Mo. 23c. DATE SIGNED 4-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5-5-52 24c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. May 2, 1952 REGISTRAR'S SIGNATURE Carl C. Casper 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman H. Sidenfaden 1802 Union St

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed.....

Robert H. Apple

Signed.....
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.