

FILED JUL 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21675

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL RANDOLPH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL RANDOLPH 1914</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR FRANKCLAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR FRANKCLAY</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DEMANDA</u> b. (Middle) <u>—</u> c. (Last) <u>MOSIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 16 1877</u>	9. AGE (In years last birthday) <u>75</u> If under 1 year: Months <u>1</u> Days <u>18</u> If under 1 hr: Hours <u>—</u> Mins. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>DAVID MARLER</u>		13b. MOTHER'S MAIDEN NAME <u>CASAY ELLIOTT</u>		14. NAME OF HUSBAND OR WIFE <u>William MOSIER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Mosier FRANKCLAY MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Coronary occlusion</u>		<u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Diabetes Mellitus</u>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		<u>hypertension</u>			
Conditions contributing to the death but not related to the disease or condition causing death.					

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 June 19 48, to July 4 52, that I last saw the deceased alive on 7-2, 1952, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>N O Keeble MD</u> (Degree or title)		23b. ADDRESS <u>DeLoe Mo</u>		23c. DATE SIGNED <u>7-7-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/6/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GERMANIA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. FRANCOIS COUNTY, MO</u>	
DATE REC'D BY LOCAL REG. <u>July 7 1952</u>		REGISTRAR'S SIGNATURE <u>Catherine Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyer LEADWOOD, MISSOURI</u>			

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.

Student
Student Embalmer

Signed William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.