

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23231

State File No.

MED JUN 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>4469</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>TENNESSEE</u> b. COUNTY <u>Davidson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste Genevieve</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nashville</u>		8410	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>146-50 3rd</u>				d. STREET ADDRESS (If rural, give location) <u>321 Arrington St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAX</u>			b. (Middle) <u>GRANVILLE</u>		c. (Last) <u>MOSLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 15 1952</u>
5. SEX <u>U</u> <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>DEC 3 1909</u>		9. AGE (In years last birthday) <u>42</u>	10. MONTHS <u>5</u>	11. HOURS <u>42</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TENN TREE & CONST CO</u>		11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>410-05-9237</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.P. Wilson Ste. Genevieve 176</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Verdict Pending</u> DUE TO (c) <u>Verdict of Jury 6-18-52</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Cardiac Dilatation</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Physician called - A.E. Sexauer M.D.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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"/>
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR? <u>4343</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph G. Weber</u>				23b. ADDRESS <u>6 SHERIFF Ste. Genevieve 176</u>		23c. DATE SIGNED <u>6-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JUNE 16, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>		24d. LOCATION (City, town, or county) (State) <u>Nashville TENN</u>		
DATE REC'D BY LOCAL REG. <u>6-19-52</u>		REGISTRAR'S SIGNATURE <u>Deresa M. Karl</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jerome N. Sauls</u>		ADDRESS <u>Ste. Genevieve</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

51
1

SEP 9 1952
JAN 6 1953

AUG 28 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *James H. Seaville*

Licensed Embalmer No. *3817*

P. O. Address *See Reverse*

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.