

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **27406**

FILED AUG 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **251**

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARQUAND</b>	
c. LENGTH OF STAY (In this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>Hospital</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South east - MISSOURI</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELI(AH) - VALENTINE</b> b. (Middle) <b>MOUSER</b> c. (Last) <b>MOUSER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 - 6 - 1952</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	
8. DATE OF BIRTH <b>4-29-1870</b>		9. AGE (In years last birthday) <b>82</b>		10. IF UNDER 1 YEAR Days <b>2</b> IF UNDER 10 HRS. Hours <b>2</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Give if retired) <b>Steel Coffer</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>John Mouser</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Myers</b>	
14. NAME OF HUSBAND OR WIFE <b>✓</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unn</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruby Hertzman Savanna Ill</b>		18. ADDRESS <b>153X</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ch. Colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
*This does not mean the mode of dying, such as heart failure, asthma, 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) <b>Ch.</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		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) 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 <b>8/2</b> , 19 <b>52</b> , to <b>8/6</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>8/6</b> , 19 <b>52</b> , and that death occurred at <b>6 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Cape Girardeau</b>		23c. DATE SIGNED <b>8/16/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-8-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Moore Chapel Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Marquand Mo.</b>		DATE REC'D BY LOCAL REG. <b>8-11-52</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Marquand Mo.</b>			

24e. DATE REC'D BY LOCAL REG. <b>8-11-52</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	
ADDRESS <b>Marquand Mo.</b>					

24e. DATE REC'D BY LOCAL REG. <b>8-11-52</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	
ADDRESS <b>Marquand Mo.</b>					

24e. DATE REC'D BY LOCAL REG. <b>8-11-52</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	
ADDRESS <b>Marquand Mo.</b>					

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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 *J. Stewart*  
Licensed Embalmer No. 3790  
P. O. Address *Ch. Hardison*

**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.