

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27759

State File No.

FILED SEP 8 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>799</u>			
1. PLACE OF DEATH a. COUNTY <u>BREWER 0375</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>POLK 040</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>ALDRICH</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CECIL</u>			b. (Middle) <u>KING</u>		c. (Last) <u>MOSIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 29 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 3 - 1895</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ALDRICH MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles Mosier</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah King</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs Cecil Mosier</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cecil Mosier Aldrich - Neo</u>		ADDRESS <u>5816</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 am hrs.</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hemochromatosis</u>						<u>Unknown</u>		
	DUE TO (c) <u>+ cirrhosis of liver</u>						<u>Unknown</u>		
	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 checked="" 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)		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 <u>29 Aug</u> , 19 <u>52</u> , to <u>29 Aug</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>29 Aug</u> , 19 <u>52</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Kenneth E. Knabb</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1630 N. Jefferson</u>		23c. DATE SIGNED <u>29 Aug 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Aldrich - Mo</u>				
DATE REC'D BY LOCAL REG. <u>9-3-52</u>		REGISTRAR'S SIGNATURE <u>Earl Williams, Registrar</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Drum - Daniel Unkunt Brown - M</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 3 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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Gayle Samuel

Licensed Embalmer No. 4702

P. O. Address 14th Street - hco.

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.