

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39910**

DEC 1 1952

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6073** Registrar's No. **368**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington 0941	
c. LENGTH OF STAY (In this place) 3 wks		d. STREET ADDRESS (If rural, give location) 501 S. Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mineral Area Osteopathic Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Mossman			4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 29, 1897		9. AGE (In years last birthday) 54 Months 10 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Stoddard Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Thomas Mossman	13b. MOTHER'S MAIDEN NAME Cora Hester	14. NAME OF HUSBAND OR WIFE Dorothy Jones Mossman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-01-8930	17. INFORMANT'S SIGNATURE OR NAME Mrs Geo. W. Mossman Farmington Mo.	ADDRESS
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days 1 year
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Lung metastatic to liver and intestine		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 163X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **April**, 1952, to **Nov 22**, 1952, that I last saw the deceased alive on **Nov 21**, 1952, and that death occurred at **6:20 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. M. Sturfield M.D.	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 11/24/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/28/52	24c. NAME OF CEMETERY OR CREMATORY Parkview Cem.	24d. LOCATION (City, town, or county) (State) Farmington, Mo.
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DATE REC'D BY LOCAL REG. Nov. 24, 1952	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Rudloff ADDRESS Miller Funeral Home, Farmington, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

DEC 19 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 Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmingville, L.I.

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.