

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6743

State File No. \_\_\_\_\_  
Registrar's No. 5

3. No. 300  
EV. 10.48

0570

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

FILED FEB 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>4287</u>		State File No. _____		Registrar's No. <u>5</u>			
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>							
b. CITY OR TOWN <u>Troy</u>				c. LENGTH OF STAY (in this place) <u>3 yr</u>		c. CITY OR TOWN <u>Troy</u> <u>0570</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On her home</u>				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) <u>EDNA ANN MOZIER</u>			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH <u>Feb 7 1953</u>			(Month)			(Day)			(Year)		
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>April 4 1895</u>		9. AGE (In years last birthday) <u>57</u>		10. <u>10</u> Months <u>3</u> Days	
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>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Lato Gresham</u>				13b. MOTHER'S MAIDEN NAME <u>Lizzie McCoy</u>				14. NAME OF HUSBAND OR WIFE <u>Alfred Mozier</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Mozier</u>			ADDRESS <u>Troy Mo.</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>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Coronary Artery Disease</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND 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) _____				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>2/7</u> , 19 <u>53</u> , to <u>2/7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/7</u> , 19 <u>53</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Howard K. Mulvaney M.D.</u>						23b. ADDRESS <u>Troy Mo.</u>			23c. DATE SIGNED <u>2/9/53</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>Feb 10 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>			24d. LOCATION (City, town, or county) <u>Troy</u>		(State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-12-53</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u>			ADDRESS <u>Troy Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

NOV 23 1954

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 Wayne McGay

Licensed Embalmer No. 3586

P. O. Address Jay 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.