

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17135

State File No. ....

FILED MAY 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 584

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <i>0117</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <i>0117</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <i>0</i>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>2310 Faraon Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2310 Faraon Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>G.</u> c. (Last) <u>Moskau</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1953</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>March 6, 1888.</u>		9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co., Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank P. Moskau</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Cook</u>	
14. NAME OF HUSBAND OR WIFE <u>Elsie A. Moskau</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-22-8791</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elsie A. Moskau</u>		ADDRESS <u>St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanosarcoma</u>  ANTECEDENT CAUSES <i>Maribid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</i> DUE TO (b) _____ DUE TO (c) <u>490X</u>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>diffuse metastatic lesions of liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>	
19a. DATE OF OPERATION <u>4-14-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>diffuse large nodules of the liver; demonstrable no other metastasis</u>				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 Dec. 1951, to May 15, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 5:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>902 Edmond, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>5-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 18, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>		DATE REC'D BY LOCAL REG. <u>May 20, 1953</u>		REGISTRAR'S SIGNATURE <u>Eather M. Allison</u> <i>4850</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer &amp; Fleeman, Inc.</u>		ADDRESS <u>St. Joseph, Mo.</u>			

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

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 Raymond H. Houchens

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri

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.