

# STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 6 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 689

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>Most life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1107 North 2nd Street</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY OR TOWN <u>St. Joseph</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>1107 North 2nd Street</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>MOSHER</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 26 1954</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>June 20, 1899</u>
<b>9. AGE</b> (In years last birthday) <u>55</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Driver</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Motor Coach Tspn.</u>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Sampsel, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S A</u>	
<b>13a. FATHER'S NAME</b> <u>Henry Mosher</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Louisa Walker</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Hazel Mosher</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>491-10-4130</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hazel Mosher</u>		<b>ADDRESS</b> <u>St. Joseph, Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Coronary Atherosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>10-3-53</u>, 19<u>53</u>, to <u>6-26-54</u>, 19<u>54</u>, that I last saw the deceased alive on <u>4-12-54</u>, 19<u>54</u>, and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above..</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>N. C. Senne MD</u>		<b>23b. ADDRESS</b> <u>2070 + 3 Bldg, St Joseph, Mo</u>	
<b>23c. DATE SIGNED</b> <u>6-28-54</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>June 28, 1954</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>July 1, 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Leatha M. Allison</u>	
<b>GENERAL DIRECTOR'S SIGNATURE</b> <u>Stamey Funeral Home</u>		<b>ADDRESS</b> <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.....  
Signature of Student Embalmer

Signed... *Charles E. Bennett* .....

Licensed Embalmer No. *46* .....

P. O. Address *St. Joseph* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.