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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28182

State File No. _____

FILED SEP 3 1954

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>4287</u>		Registrar's No. <u>(22)</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>8 yrs</u>		c. CITY OR TOWN <u>Troy</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Father Own Home</u>				STREET ADDRESS (If rural, give location) <u>0570</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>CATHERINE H. MOSELEY</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>August 25, 54</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 24 1886</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>		IF UNDER 1 HRS. Hours <u>1</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework or Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>McDowell Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy E. Ricks</u>		14. NAME OF HUSBAND OR WIFE <u>Philip Moseley</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>Kenneth Seaggs</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign Cervical spinal cord tumor with partial paralysis of upper extremities & complete paralysis of lower extremities</u> ANTECEDENT CAUSES (b) <u>Dehydration</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>1 week</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</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) _____ m. _____		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>8/29</u> , 19 <u>52</u> , to <u>8/22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8/22</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Norman K. Muschany</u> (Degree or title) <u>U.S.</u>				23b. ADDRESS <u>Troy, Mo</u>		23c. DATE SIGNED <u>8/27/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Aug 27, 54</u>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>Olney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Olney Mo</u>	
DATE REC'D BY LOCAL REG. <u>SEP 2-1954</u>		REGISTRAR'S SIGNATURE <u>EMMA B. RIDDLE</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Wayne Moberg</u>		ADDRESS <u>Troy Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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... *Wayne McCoy*
Licensed Embalmer No..... 35

P. O. Address... *Gay M.*

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.