

FILED NOV 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36760**

BIRTH NO.		REG. DIST. NO. 52	PRIMARY REG. DIST. NO. 5183	Registrar's No. 71
1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, write RURAL and give township) Rural Byrd		c. CITY (If outside corporate limits, write RURAL and give township) Rural Byrd		
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 2 mi. W. of Jackson		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. W. of Jackson				
3. NAME OF DECEASED (Type or Print) a. (First) Lycurgus		b. (Middle) Milton		c. (Last) Mouser
4. DATE OF DEATH (Month) (Day) (Year) Nov 14 1954				
5. SEX M.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 26, 1875	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Oak Ridge, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Mouser		13b. MOTHER'S MAIDEN NAME Goodson		14. NAME OF HUSBAND OR WIFE Lizzie Sawyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. B.A. Roberts ADDRESS Jackson, Mo.
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) apoplexy, Apo plexy ANTECEDENT CAUSES Arteriosclerosis DUE TO (b) None DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 334 X YES <input type="checkbox"/> NO <input 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 May , 19 52 to Nov 14 , 19 54 that I last saw the deceased alive on Nov 14 , 19 54 , and that death occurred at 11 A m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W. L. Seaburn M.D.		23b. ADDRESS Jackson Mo		23c. DATE SIGNED 11-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Nov. 16		24b. DATE Nov. 16		24c. NAME OF CEMETERY OR CREMATORY Russell Heights
24d. LOCATION (City, town, or county) Mo.		24e. (State)		
DATE REC'D BY LOCAL REG Nov 16 54		REGISTRAR'S SIGNATURE D. S. Suter 43		25. FUNERAL DIRECTOR'S SIGNATURE W. L. Seaburn ADDRESS Jackson Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 B R Meyer

Licensed Embalmer No. 3087

P. O. Address Jackson 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.