

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4554

State File No.

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 0076 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write name of county) OR TOWN Mountain View		c. LENGTH OF STAY (In this place) 6 Days	c. CITY OR TOWN Hutton Valley
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mtn. View Memorial Hosp.		a. STREET ADDRESS (If rural, give location) Willow Springs R#2 <u>0460</u>	

3. NAME OF DECEASED (Type or Print) a. (First) CHRIS b. (Middle) - - - c. (Last) MOSER			4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2, 1889	9. AGE (In years last birthday) 66	10. 10 Months 10 Days 20 Hours Min.
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 (City and State or Foreign Country) Dallas Center, Iowa.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Moser		13b. MOTHER'S MAIDEN NAME Agusta Weber		14. NAME OF HUSBAND OR WIFE Margueriete Moser	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Moser, Hutton Valley, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute attack - myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Pneumonia - arthritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperextension - nephritis			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) 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 1-1-, 1956 to 2-22-56, 19 , that I last saw the deceased alive on 2-22-56, 19 , and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE Harold Miller (Degree or title) Dr. Harold Miller, M.D.		23b. ADDRESS Willow Springs, Mo.		23c. DATE SIGNED 2-23-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-26-56		24c. NAME OF CEMETERY OR CREMATORY Hutton Valley Cemetery		24d. LOCATION (City, town, or county) (State) Hutton Valley, Mo.	
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DATE REC'D BY LOCAL REG. 3/1/1956		REGISTRAR'S SIGNATURE Laura Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burns Funeral Home, Willow Spgs., Mo.	
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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.....
Fred W. Barnes
Fred W. Barnes

Licensed Embalmer No. 4614.....

P. O. Address Willow Spring.....

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.