Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021196
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 55 Primary Registration District No. ~~7067~~ 5199 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Bogard, RFD — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Roy Mosier home — Length of stay in 1b 11years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE missouri b. COUNTY Carroll
c. CITY OR TOWN Bogard, RFD 0170 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5 miles south Tina — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First NANCY Middle LEONA Last MOSIER

4. DATE OF DEATH Month June Day 27th Year 1958

5. SEX F
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Aug.11,1873
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months 10 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Grundy Co.Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jim Morris,
13b. MOTHER'S MAIDEN NAME Jane Harper
14. NAME OF HUSBAND OR WIFE Geo.H.Mosier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Roy Mosier Address Bogard,Mo.RFD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Infirmities of old age
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 794X
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 1, 1956 to June 27/58 and last saw her/him alive on June 1/58
Death occurred at 9:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Hamilton Staton MD
22b. ADDRESS June 29/58 Cerr Station, Mo.
22c. DATE SIGNED 6/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6/30/1958
23c. NAME OF CEMETERY OR CREMATORY Malpe Grove Cemetery
23d. LOCATION (City, town, or county) Trenton, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Clifford W.Austin,Tina,Mo.
25. DATE RECD. BY LOCAL REG. 7/2/58
26. REGISTRAR'S SIGNATURE Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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AUG 22 1968

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 .....

Licensed Embalmer No. 3233

P. O. Address Tina, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.