Health, & Welfare Public Service
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S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035295
STATE FILE NUMBER

FILED SEP 23 1958 Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Warren
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home — Length of stay in 1b 7 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warren
c. CITY OR TOWN Wright City 1090 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) R.F.D. — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Wilhelmine Middle (Minnie) Last Moseley

4. DATE OF DEATH Month Sept. Day 15, Year 1958

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Feb.20,1889
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Warren County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Simon Roewe
13b. MOTHER'S MAIDEN NAME Minnie Petersmeyer
14. NAME OF HUSBAND OR WIFE George Moseley, decd.

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. 500-28-8347-A
17. INFORMANT Mrs.Ervin Schoppenhorst Address Marthasville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Coronary occlusion — 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis & Arteriosclerotic Hypertension — [illegible]
DUE TO (c) Cerebral Arteriosclerosis with Dementia — [illegible]
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 Feb 9 58 to Sept 15 58 and last saw her/him alive on Sept 18 1958
Death occurred at 2:55 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree of title) Harold Holocher MD
22b. ADDRESS Warrenton Mo
22c. DATE SIGNED 9-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-18-58
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Wright City, Mo.

24. FUNERAL DIRECTOR F.W.Nieburg & Co. ADDRESS Warrenton, Mo.
25. DATE RECD. BY LOCAL REG. Sept 20, 1958
26. REGISTRAR'S SIGNATURE Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 John Thielburg

Licensed Embalmer No. 3897

P. O. Address Warrenton

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.