

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019335

STATE FILE NUMBER

FILED MAY 20 1958

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 49

S. 300
1-57
91

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. Whitmer St.			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) N. Whitmer Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ROSELLA Middle MOSBY Last MOSBY				4. DATE OF DEATH Month May Day 16 Year 1958					
5. SEX Female ³		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Jan. 8, 1900		9. AGE (In years last birthday) 58 FUNDING YEAR 4 IF UNDER 24 HRS. 8 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		11. BIRTHPLACE (City and state or country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Manuel Ridings			13b. MOTHER'S MAIDEN NAME Eliza McLaugh			14. NAME OF HUSBAND OR WIFE Robert Mosby			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 493-34-9532		17. INFORMANT Address Sam Ridings, Richmond, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Starvation, self-inflicted							INTERVAL BETWEEN ONSET AND DEATH 8 weeks		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							309 X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Alcoholic cirrhosis							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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. _____									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 4-24-58 to 4-29-58 and last saw her ^{her} _{him} alive on 4-29-58 Death occurred at 6:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Dr. A. Crozier, M.D.					22b. ADDRESS Richmond, Mo		22c. DATE SIGNED 5-17-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-18-1958		23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		23d. LOCATION (City, town, or county) (State) Richmond, Missouri			
24. FUNERAL DIRECTOR Thomas J. Carter				ADDRESS Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 5-18-1958		26. REGISTRAR'S SIGNATURE Malcol Jackson	

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 *Thomas J. Carter*

Licensed Embalmer No. *4474*

P. O. Address *Richmond*

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.