National Office of Vital Statistics

FILED AUG 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. 27353

Registration District No. 78 (43010-44) Primary Registration District No. 5690 Registrar's No. 212

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: St. Catherine
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Linn

(c) City or town: 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: RONNIE DEAN MOSLEY

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: July (Month) 22 (Day) 49 (Year)

8. AGE: Years ..... Months ..... Days 21 If less than one day ..... hr. 0 min.

9. Birthplace: Brookfield (City, town, or county) Mo (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name: Jessie D. Mosley

13. Birthplace: Laclede (City, town, or county) Mo (State or foreign country)

14. Maiden name: Doris H. Jones

15. Birthplace: Brookfield (City, town, or county) Mo (State or foreign country)

16. (a) Informant: J. B. Mosley

(b) Address: Brookfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 14-49 (Month) (Day) (Year)

(c) Place: burial or cremation: Rose Hill

18. (a) Signature of funeral director: Hill Funeral Home

(b) Address: Brookfield Mo

19. (a) 8/15/49 (Date received by local registrar) (b) W B Ervin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1949 hour 5 minute P. M.

21. I hereby certify, that I attended the deceased from Aug 13, 1949, to Aug 13, 1949 that I last saw him alive on Aug 11, 1949 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Atelectasis	Few Hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	7120

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury —

23. Signature: W. H. Potter (M. D. or other) MD

Address: Brookfield Mo Date signed 6-18-49

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 22 1948
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.....
.....not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
the above constitutes grounds for revocation of license.)

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