

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34276

State File No.

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>	
c. LENGTH OF STAY (in this place) <u>76 yrs</u>		54 4 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>312 South 3rd</u>		d. STREET ADDRESS (If rural, give location) <u>312. So. 3rd st.</u>	

3. NAME OF DECEASED (Type or Print) <u>Minnie Jane Mosley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug 3 1873</u>		9. AGE (In years last birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lafayette Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Louis M. Starke</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Harrington</u>	14. NAME OF HUSBAND OR WIFE <u>Ben N. Mosley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Sylvia St. John Cal.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural cause probably</u> ANTECEDENT CAUSES <u>coronary occlusion. Found dead.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>in the home. 2em above</u> <u>appt to Dr. Brown previously. Complaint not being well. not treated by</u> DUE TO (c) <u>a physician</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1700 1</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Odessa Lafayette Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no injury</u>

22. I hereby certify that I attended the deceased from Called at home, 1949, that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Mark M.D. Corneo</u> (Degree or title)	23b. ADDRESS <u>Odessa Mo</u>	23c. DATE SIGNED <u>9-6-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Sept 9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odessa cem</u>	24d. LOCATION (City, town, or county) (State) <u>Odessa Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 9 '49</u>	REGISTRAR'S SIGNATURE <u>Letta Drummond</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Blumick & Sons Odessa Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

14

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 10-15-49

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.

Signed Horace Blinn

Signed _____
Student Embalmer

Licensed Embalmer No. 2758

P. O. Address Odessa Mo.

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