

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23816

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 29

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Morgan</u>                  |  | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> |  |
| b. CITY OR TOWN <u>Versailles</u>                             |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>  |  |
| c. LENGTH OF STAY (in this place) <u>Lifetime</u>             |  | d. STREET ADDRESS (If rural, give location) <u>Cleveland Ave.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cleveland Ave.</u> |  |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>David</u> b. (Middle) <u>A.</u> c. (Last) <u>Mobley</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 24, 1951</u> |  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>                    |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>                |  |
| 8. DATE OF BIRTH <u>Oct. 2, 1873</u>   |  | 9. AGE (In years last birthday) <u>77</u>        |  | IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>    |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> |  | 11. BIRTHPLACE (State or foreign country) <u>Morgan Co., Missouri</u>                      |  |
|  |  |  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>James A. Mobley</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Harriett Daniels</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Single</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u> |  | 16. SOCIAL SECURITY NO. <u>None</u>               |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Rauschelbach</u> ADDRESS <u>Versailles, Mo</u> |  |

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy (2nd)</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>originally</u><br>DUE TO (c) <u></u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>fecal impaction - cecum and sigmoid</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u><br><u>12 yrs.</u><br><u>334 X</u> |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>    |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)             |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                      |  |

22. I hereby certify that I attended the deceased from Jan. 7, 1942 to July 24, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 1 P. M., from the causes and on the date stated above.

|  |  |                                     |  |                                     |  |
|--|--|-------------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE (Distress or title) <u>R. F. Eckhoff D.O.</u> |  | 23b. ADDRESS <u>Versailles, Mo.</u> |  | 23c. DATE SIGNED <u>July 27, 51</u> |  |
|--|--|-------------------------------------|--|-------------------------------------|--|

|   |  |                             |  |   |  |
|---|--|-----------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>26 July 51</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Bulah Cemetery</u>                  |  |
|   |  |                             |  | 24d. LOCATION (City, town, or county) (State) <u>Morgan Co., Missouri</u> |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>July 30 1951</u> |  | REGISTRAR'S SIGNATURE <u>J. L. Washburn, M.D.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kuehl</u> ADDRESS <u>Versailles, Mo.</u> |  |
|--|--|---|--|--|--|

Res. Jera O. Kildwell, M.D.

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

710

RECEIVED 8-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-6-51

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 \_\_\_\_\_  
Student Embalmer

Signed W. J. Kimmel

Licensed Embalmer No. 1596

P. O. Address Kimmel's

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.