

FILED SEP 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26527

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 92

1. PLACE OF DEATH  
 a. COUNTY: DUNKLIN 0352  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kennett Missouri  
 c. LENGTH OF STAY (If this place): 1 year  
 d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission):  
 a. STATE: MISSOURI b. COUNTY: DUNKLIN  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kennett 0352  
 d. STREET ADDRESS (If rural, give location): 306 ST. FRANCIS

3. NAME OF DECEASED  
 a. (First): EVERETT b. (Middle): Bailey c. (Last): Mobley

4. DATE OF DEATH (Month) (Day) (Year)  
8-28-1951

5. SEX: MALE 6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 5-19-1890

9. AGE (In years last birthday) Months Days: 61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REAL ESTATE

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Kennett Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Alpheus B. Mobley

13b. MOTHER'S MAIDEN NAME: MARY GREEN

14. NAME OF HUSBAND OR WIFE: Aileen Mobley

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.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Sam M Mobley Kennett,

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) Carcinoma of Prostate.  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 177X

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from July 19<sup>th</sup>, to Aug 28, 1951, that I last saw the deceased alive on Aug 28, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Chas E Hummer M.D.

23b. ADDRESS: Kennett Mo

23c. DATE SIGNED: 8/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-30-1951

24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge

24d. LOCATION (City, town, or county) (State): Kennett, Mo

DATE REC'D BY LOCAL REG.: 9-4-1951

REGISTRAR'S SIGNATURE: Carl Husband

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Beulah

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-5-51

COUNTY FILE NUMBER 951-236

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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 Amel B. Moon

Licensed Embalmer No. 4636

P. O. Address Hennett, 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.