

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Jackson 0480		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Blue Springs - Rural		c. CITY (If outside corporate limits, write RURAL and give township) Blue Springs - Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 mi South west		d. STREET ADDRESS (If rural, give location) 2 1/2 mi - s.w.	
3. NAME OF DECEASED a. (First) Mary b. (Middle) Olive c. (Last) Mosley		4. DATE OF DEATH (Month) (Day) (Year) Aug - 6 - 1951	
5. SEX FM	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar 1 - 1873
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	11. BIRTHPLACE (State or foreign country) Acheson Co Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY NONE	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME J. Mumford		13b. MOTHER'S MAIDEN NAME Mary Butler	14. NAME OF HUSBAND OR WIFE James Mosley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Mosley Blue Springs Mo
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH Sudden 10 yrs	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular renal disease		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/42 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 1-29, 1950, to 8-6, 1951, that I last saw the deceased alive on 7-11, 1951, and that death occurred at 4:15 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. R. Bay M.D.		23b. ADDRESS Blue Springs Mo	23c. DATE SIGNED 8-8-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug-8-1951	24c. NAME OF CEMETERY OR CREMATORY Blue Springs	24d. LOCATION (City, town, or county) (State) Blue Springs Mo
DATE REC'D BY LOCAL REG. AUG. 8, 1951	REGISTRAR'S SIGNATURE Donald C. Emshaw	25. FUNERAL DIRECTOR'S SIGNATURE 1378	ADDRESS West Funeral Home Blue Springs Mo

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

AUG 2 2-RECD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. B. Burkh

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs

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.