No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8979

BIRTH NO. FILED APR 2 1953 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3001 Registrar's No. 125

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1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff Rt. 5
c. LENGTH OF STAY (in this place): 67 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lucy Lee Hospital Poplar Bluff Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0120
d. STREET ADDRESS (If rural, give location): Route 5 Poplar Bluff, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Will
b. (Middle): (None)
c. (Last): Mosley

4. DATE OF DEATH (Month) (Day) (Year): March 25 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 14 1885
9. AGE (In years last birthday): 67
If under 1 year: Months 10 Days 11
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Jim Mosley
13b. MOTHER'S MAIDEN NAME: Eliza Goodlet
14. NAME OF HUSBAND OR WIFE: Bertha Mosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 432-12-4354
17. INFORMANT'S SIGNATURE OR NAME: Bertha Mosley
ADDRESS: Rt. 5 Poplar Bluff, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident, Massive — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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* March 25 *19* 53, *to* March 25 *19* 53 *that I last saw the deceased alive on* March 25, *19* 53, *and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D.
23b. ADDRESS: Poplar Bluff, Mo
23c. DATE SIGNED: 3/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 28 1953
24c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG.: 3-27-53
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Black's Mortuary, Corning, Ark.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 31 1953
BUTLER CO. HEALTH CENTER
FILE No. 253-163

APR 9 1953

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 Roman J Selig Jr.

Licensed Embalmer No. 562

P. O. Address Coming, Pa.

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

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