

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11092

State File No.

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rt 1 <i>Darlem</i></u> c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY OR TOWN <u>St Charles</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Rt 1</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Rt 1</u> <u>0920</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lassie</u>	b. (Middle)	c. (Last) <u>Mosby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 9 1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Norval Maslin</u>	13b. MOTHER'S MAIDEN NAME <u>Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Perry Vincent Mosby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (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>Perry Mosby</u>	ADDRESS <u>Rt 1 St Charles Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death. <u>Lassie</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infirmities of old age</u> DUE TO (c) <u>Genil cardio-vascular arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>of Dr. Geo. R. Sasaka who died 3 days</u>		19c. MAJOR FINDINGS OF OPERATION <u>diagnosis was taken from Dr. Sasaka</u> 19b. DATE OF OPERATION <u>4-22-1</u>	

19a. DATE OF OPERATION <u>records</u>	19b. DATE OF OPERATION <u>4-22-1</u>	19c. MAJOR FINDINGS OF OPERATION <u>diagnosis was taken from Dr. Sasaka</u>	19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July, 1952, to Feb 15, 1953, that I last saw the deceased alive on 2-15, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Keethley</u> (Degree or title) <u>Local Registrar</u>	23b. ADDRESS <u>Ballou mo.</u>	23c. DATE SIGNED <u>3/11/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 26 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sikeston Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo</u>
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DATE REC'D BY LOCAL REG. <u>March 11-53</u>	REGISTRAR'S SIGNATURE <u>E. A. Keethley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wickman - Ballou St Charles Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED MAR 16 1953

MAR. 24 1950

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.....
Signature of Student Embalmer

Signed.....
Arthur C. Chase

Licensed Embalmer No. *3147*

P. O. Address *H. Chase*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.