U.S. No. 300
Rev. 10-48

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17872

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 11

1. PLACE OF DEATH ~~Baptist Home~~
a. COUNTY Iron 0470
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ironton Arcadia 5
c. LENGTH OF STAY (in this place) 1 mo 2 wk 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) The Home for Aged Bapt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Iron 0470
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ironton-Arcadia 0
d. STREET ADDRESS (If rural, give location) Arcadia Rural

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) U c. (Last) Mosley

4. DATE OF DEATH (Month) (Day) (Year) May 17-1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH ~~May 17 1953~~ Jan 12 1875
9. AGE (In years last birthday) 78 yrs IF UNDER 1 YEAR Months 4 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Leabnon Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Fritz Udder
13b. MOTHER'S MAIDEN NAME Nancy Kays
14. NAME OF HUSBAND OR WIFE Kenneth Mosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME D. J. Scott Ironton Mo ADDRESS

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) Valvular heart deficiency — INTERVAL BETWEEN ONSET AND DEATH unknown

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 4214
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* May 10, 1953, *to* May 17, 1953, *that I last saw the deceased alive on* May 10, 1953, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. M. Fitzpatrick (Degree or title) M.D.
23b. ADDRESS Lesterville Mo
23c. DATE SIGNED 5/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-19-53
24c. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery
24d. LOCATION (City, town, or county) Van Buren, Mo. (State)

DATE REC'D BY LOCAL REG. 5-27-53
REGISTRAR'S SIGNATURE Mrs Avis Jones 128
25. FUNERAL DIRECTOR'S SIGNATURE Coleman McSpadden ADDRESS Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Allen E. McSholler

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.