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FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15674

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Howard - County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY OR TOWN <u>Fayette</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 years</u>		e. STREET ADDRESS (If rural, give location) <u>502 Hackberry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 Hackberry</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>None</u> c. (Last) <u>Mobley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1954</u>			
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>September 29, 1872</u>	9. AGE (in years last birthday) <u>81</u>	10. UNDER 1 YEAR: Months <u>7</u> Days <u>30</u>	11. HOURS <u>1</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Howard-County-Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Quincy Mobley</u>	13b. MOTHER'S MAIDEN NAME <u>Mary-Elizabeth-Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Nora-Alice-Mobley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nora-Alice-Mobley-502 Hackberry</u>

18. CAUSE OF DEATH Enter 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		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 May 18, 1954, to May 19, 1954, that I last saw the deceased alive on May 19, 1954, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE M. C. Cheek M.D. (Degree or title) 23b. ADDRESS Fayette Mo 23c. DATE SIGNED 5/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 21 1954 24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery 24d. LOCATION (City, town, or county) (State) Fayette Missouri

DATE REC'D BY LOCAL REG. 5-21-54 REGISTRAR'S SIGNATURE Mary L. Shelton 25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Lee ADDRESS Fayette Mo.

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.....
Signature of Student Embalmer

Signed *Edward F. Boyles*.....
Licensed Embalmer No. 453

P. O. Address *Truett St. 71*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.