

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22168**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **768**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Joseph</b> )	c. LENGTH OF STAY (In this place) <b>15 yrs.</b>	c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>104 W. Lake Blvd.</b>		e. STREET ADDRESS (If rural, give location) <b>104 W. Lake Blvd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LESLIE</b>		b. (Middle)	c. (Last) <b>MOBERLY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 9 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <b>WIDOWED</b> DIVORCED (Specify)		8. DATE OF BIRTH <b>10-8-1935</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		9. AGE (In years last birthday) <b>68</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
11. BIRTHPLACE (City and State or Foreign Country) <b>Gentryville, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Sylvester Moberly</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha Campbell</b>		14. NAME OF HUSBAND OR WIFE <b>Mabel Moberly (de)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Samuel Moberly, Kansas City, Mo.</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>	
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. <b>Pulmonary fibrosis with atelectasis Benign Prostatic hypertrophy arteriosclerosis -</b>			
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 **5-13, 1954**, to **7-9-54**, that I last saw the deceased alive on **7-8, 1954**, and that death occurred at **12:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. W. Tadlock</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>703 S. 13th St. Joseph, Mo.</b>		23c. DATE SIGNED <b>7-10-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-10-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>		DATE REC'D BY LOCAL REG. <b>July 14, 1954</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>John Rupp</b>		ADDRESS <b>St. Joseph, Mo.</b>		(Licensed Embalmer's Statement on Reverse Side)	

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

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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, ~~only~~ ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *John E. Rupp*

Licensed Embalmer No. *398*

P. O. Address: *St. Joseph*

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.