

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28136

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HURORA</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>909 Hudson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSIE</u>	b. (Middle) <u>E.</u>	c. (Last) <u>MOBLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17 - 1954</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>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 19, 1883</u>	9. AGE (In years) (last birthday) <u>70</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 18 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 WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Sheridan County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MART Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>C.H. Mobley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>448-09-51620</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C.H. Mobley</u>	ADDRESS <u>Aurora, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Empyema of Gall Bladder</u>		
	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 _____	20. 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) <u>585-X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Aug 15, 1954, to Aug 17, 1954, that I last saw the deceased alive on Aug 16, 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Luman</u>	23b. ADDRESS <u>Aurora, Mo.</u>	23c. DATE SIGNED <u>Sept 1 - 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 19, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>AURORA, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>9-1-54</u>	REGISTRAR'S SIGNATURE <u>Rosa Mc Natt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cesar L. Marsh</u>	ADDRESS <u>Aurora, Mo.</u>
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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, or by.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Edward L. Mars*

Licensed Embalmer No. *3812*

P. O. Address *Amos W*

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.