

FILED MAR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8003**

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo.		c. LENGTH OF STAY (in this place) 24 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		d. STREET ADDRESS (If rural, give location) 400 N. Mulberry	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital				d. STREET ADDRESS (If rural, give location) 400 N. Mulberry			
3. NAME OF DECEASED (Type or Print) a. (First) Stephen			b. (Middle) Henry		c. (Last) Mosley		4. DATE OF DEATH (Month) (Day) (Year) Mar. 12, 1955
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/24/1872		9. AGE (In years last birthday) 82	10. UNDER 1 YEAR Months 2 Days 18	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Chariton County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Henry Mosley		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Martie Ellen Mobley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 486-07-0730		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Williams R.R.1 Fayette, Mo.			
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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema ANTECEDENT CAUSES Cardiac failure 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.					INTERVAL BETWEEN ONSET AND DEATH 20 hrs. 3 days.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 <u>Mar. 11, 1955</u> , to <u>March 12, 1955</u> , that I last saw the deceased alive on <u>3-12-1955</u> , and that death occurred at <u>6-30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Mr. J. Shaw M.D.				23b. ADDRESS Fayette, Mo.		23c. DATE SIGNED 3-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/14/1955	24c. NAME OF CEMETERY OR CREMATORY Log Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Howard County, Mo.		
DATE REC'D BY LOCAL REG. 3/18/55		REGISTRAR'S SIGNATURE Mary L. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Joseph A. Chest		ADDRESS Fayette, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 30C

10-48

MAR 28 1931

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 Ralph A. Carr
Licensed Embalmer No. 2340
P. O. Address Jayette 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.