

FILED OCT 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 32584

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY Clay

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Clay

b. CITY (If outside corporate limits, with RURAL and give township) OR TOWN RURAL ~~Excelsior~~ Township Mo. 1242

c. CITY OR TOWN Ex-Springs d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION I-0-0-F Hospital-Liberty Mo

e. STREET ADDRESS (If rural, give location) 220 West Excelsior Street

3. NAME OF DECEASED (Type or Print)
a. (First) CAPITOLA b. (Middle) ANN c. (Last) MOBERLY

4. DATE OF DEATH (Month) (Day) (Year)
Oct 6 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH April 10 1874

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 5 IF UNDER 4 HRS. Min. 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landlady

10b. KIND OF BUSINESS OR INDUSTRY Rooming House

11. BIRTHPLACE (City and State or Foreign Country) Holt Missouri-Clay Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Joseph Willis

13b. MOTHER'S MAIDEN NAME Finely Ann Harris

14. NAME OF HUSBAND OR WIFE #####

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No

16. SOCIAL SECURITY 488-40-6273

17. INFORMANT'S SIGNATURE AND NAME ADDRESS Mrs Wilsie Cox- 220 W- Excelsior Str Excelsior Springs 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage
ANTECEDENT CAUSES 1st paralyzed left side 1 yr ago
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... 2nd 6 weeks ago paralyzed right side & speech centers
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 6 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

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 (Month) (Day) (Year) (Hour) OF INJURY

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 August 19 55, to Sept 6, 1955, that I last saw the deceased alive on Sept 6, 1955, and that death occurred at 2:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE M. J. Godson M.D.

23b. ADDRESS Liberty Mo

23c. DATE SIGNED 10/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Oct. 6 1955

24c. NAME OF CEMETERY OR CREMATORY Barnesville Cemebery

24d. LOCATION (City, town, or county) (State) 2 Miles North-Lawson Mo Ray County

DATE REC'D BY LOCAL REG. Oct 7, 1955

REGISTRAR'S SIGNATURE Mabel Graham 491

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOPE FUNERAL HOME Vergil Hope, Ex Spgs. 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, ~~only~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James A. Moles*.....

Licensed Embalmer No.....329

P. O. Address *Ex-Springs,*

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.