

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5096 State File No. 145

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3025 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Pleasant - 2nd		c. CITY OR TOWN Rich Hill	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) 3yrs		e. STREET ADDRESS (If rural, give location) 2070	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pine Tree Rest Home			

3. NAME OF DECEASED (Type or Print) WADE D MOBERLY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) January 28 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 22 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	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 Gen farming	11. BIRTHPLACE (City and State or Foreign Country) Cass County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Clifford Moberly	13b. MOTHER'S MAIDEN NAME Margarett Douglass	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Cliff Hunt-Garnett, Kansas	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
	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.		

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)
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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
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22. I hereby certify that I attended the deceased from **Jan. 28, 1956**, to **Jan. 28, 1956**, that I last saw the deceased alive on **Jan. 28, 1956**, and that death occurred at **10 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE L. J. LaHayes, M.D.	(Degree or title)	23b. ADDRESS Butler Mo.	23c. DATE SIGNED 70-4-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2 / 1 / 56	24c. NAME OF CEMETERY OR CREMATORY Gunn City Cemetery	24d. LOCATION (City, town, or county) (State) Gunn City, Missouri
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DATE REC'D BY LOCAL REG. Feb. 4, 1956	REGISTRAR'S SIGNATURE Randall Murray	17-0	FUNERAL DIRECTOR'S SIGNATURE Booth Service - Rich Hill Mo.	ADDRESS
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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 *John G. Henderson*.....

Licensed Embalmer No. *358*.....

P. O. Address *Butler*.....

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.