

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Ryles

9711

State File No. ....

FILED APR 9 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Brookfield</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>608 S. Main</u>				e. STREET ADDRESS (If rural, give location) <u>608 S. Main</u>				<u>0580</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEFA</u>			b. (Middle) <u>MYRTLE</u>			c. (Last) <u>MOSSBARGER</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr- 2-1956</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 27-1894</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR <u>8</u> Months <u>3</u> Days		IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (City and State or Foreign Country) <u>Sullivan Co Mo</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>				13a. FATHER'S NAME <u>Levy A. Pinchard</u>	
13b. MOTHER'S MAIDEN NAME <u>Barline Burl</u>				13c. NAME OF HUSBAND OR WIFE <u>V. C. Mossbarger</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>V. C. Mossbarger</u>						ADDRESS <u>Brookfield Mo</u>	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u>	
II. 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 <u>4201</u>						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 <u>March</u> , 19 <u>54</u> , to <u>April</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>MAR 31</u> , 19 <u>56</u> , and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. L. Ryles</u>				23b. ADDRESS <u>D.O. Brookfield, Mo.</u>		23c. DATE SIGNED <u>4-3-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/5/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-4-56</u>		REGISTRAR'S SIGNATURE <u>Kathaline Johnson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>		

(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, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. H. Blacklock*.....

Licensed Embalmer No. *2248*

P. O. Address *Brookfield*

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.