

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25456**

FILED AUG 18 1956

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 1408	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 9 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		d. STREET ADDRESS (If rural, give location) 206 New York St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 206 New York St.				d. STREET ADDRESS (If rural, give location) 206 New York St.			
3. NAME OF DECEASED a. (First) Dollie b. (Middle) Manuel c. (Last) Manuel			4. DATE OF DEATH (Month) June (Day) 5 (Year) 1956				
5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Oct. 15, 1881	
9. AGE (In years) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Kemper County Miss.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Isom Mosbley		13b. MOTHER'S MAIDEN NAME Sallie Burton		14. NAME OF HUSBAND OR WIFE Jessie Mosbley	
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. None		17. INFORMANT'S SIGNATURE OR NAME Imogene Ezell ADDRESS 1144 Forest Pasadena Cal.			
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) CARCINOMA of Ovaries				INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS	
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"/>	
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)		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 Jan. - 1956 , to July , 1956, that I last saw the deceased alive on 7-5 , 1956, and that death occurred at 3:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Rosam M. D. (Degree or title)				23b. ADDRESS 243 E. Kirkham Ave. (19)		23c. DATE SIGNED 7-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/9 1956		24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem.		24d. LOCATION (City, town, of county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 6-8-56		REGISTRAR'S SIGNATURE Herbert A. Donahue		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John W. Hemphill 408 S. Fillmore Kirkwood 22. Mo.			

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

STATEMENT BY LICENSED EMBALMER

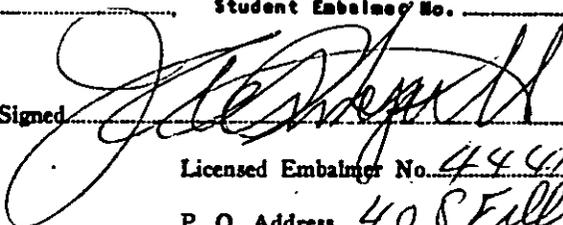
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4441

P. O. Address 408 Fillmore

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.