

No symptoms were observed. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 30 1957

28423

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 359

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carrollton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit. & Hosp		Length of stay in lb 1 hr.	d. STREET ADDRESS Rt. #1		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOEL A. MOBLEY			4. DATE OF DEATH Aug. 15, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 20, 1890	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Mech. & Realtor		10b. KIND OF BUSINESS OR INDUSTRY Owner-Operator		11. BIRTHPLACE (City and state or country) Colorado	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Chas. Mobley			14. MOTHER'S MAIDEN NAME Minnie Dunkel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 510-05-0635		17. INFORMANT Helen Mobley, Rt. 1, Carrollton, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Retroperitoneal Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Fractured Pelvis					
DUE TO (c) Automobile Traumatism					8/16/1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 26					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Car & Pickup Truck Collided		
20c. TIME OF INJURY Hour 8:50 a. m. AM Month, Day, Year 8-15-57					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION 40 Hwy-3/4 Mi. East of Mo. 7	
			COUNTY Jackson		STATE Missouri
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:20 P. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Hugh W. Owens Carmer</i>			22b. ADDRESS 1034 Rialto Bldg, K.C., Mo.		22c. DATE SIGNED 8-16-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE August 15, 1957		23c. NAME OF CEMETERY OR CREMATORY Carrollton, Missouri	
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.			25. DATE RECD. BY LOCAL REG. 8-15-57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

AUG 28 1957

SEP 5 1957

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 *Richard R. Pencer*
Licensed Embalmer No. 48

Licensed Embalmer No. 48

P. O. Address *Indy*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.