

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028697  
State File No. ....

BIRTH NO. 11 AUG 21 1958

REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 120

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

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KENNETT, MO.</b>		c. LENGTH OF STAY (in this place) <b>3-days</b>	c. CITY OR TOWN <b>CLARKTON</b> <span style="float:right">0.350 0</span>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DUNKLIN COUNTY MEMORIAL</b>		d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>MARION</b> c. (Last) <b>MOSLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 - 26 - 1958</b>	
5. SEX <b>MALE</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6-3-1891</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER &amp; MERCHANT</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>LILLIE MOSLEY</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. LILLIE MOSLEY</b> ADDRESS <b>Clarkton Mo.</b>	
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) <b>Bleeding Gastric Ulcer.</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 days.</b> ANTECEDENT CAUSES DUE TO (b) <b>5400</b> DUE TO (c) <b>5400</b> II. OTHER SIGNIFICANT CONDITIONS <b>Coronary Sclerosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Myocardial Insufficiency.</b>	
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) m.		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>7-22</u> , 1958, to <u>7-25</u> , 1958, that I last saw the deceased alive on <u>7-25</u> , 1958, and that death occurred at <u>11:27 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Gregg P. Pummer M.D.</b> (Degree or title)		23b. ADDRESS <b>Kennett Mo.</b>	
23c. DATE SIGNED <b>8-7-58</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>7-27-1985</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MONETTE CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>MONETTE, ARKANSAS</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>GREGG FUNERAL HOME *MONETTE, ARK.</b> ADDRESS	
DATE REC'D BY LOCAL REG. <b>8-11-58</b>		REGISTRAR'S SIGNATURE <b>Earl Husband</b>	

DEPARTMENT ..... 2  
COUNTY FILE NUMBER ..... 858-201

**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.....

Licensed Embalmer No.....

P. O. Address .....

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.