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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033374
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY Laurence
b. CITY OR TOWN Aurora — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 323 W. Pleasant — Length of stay in 1b 3 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laurence
c. CITY OR TOWN Aurora — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 323 W. Pleasant — Reside on Farm Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print) First GEORGE Middle HENRY Last MOBLEY
4. DATE OF DEATH Month Sept. Day 29, Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 4 Jan. 1896
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Vegetable grower
10b. KIND OF BUSINESS OR INDUSTRY Veg. growing
11. BIRTHPLACE (City and state or country) Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Mobley
13b. MOTHER'S MAIDEN NAME Vespta Guilley
14. NAME OF HUSBAND OR WIFE Anna May Mobley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. ----
17. INFORMANT Anna M. Mobley, Address 323 W. Pleasant, Aurora, Missouri.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/29/58, to 9/29/58 and last saw her/him alive on 9/29/58
Death occurred at 9:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Morrison, M.D. (Degree or title) 0
22b. ADDRESS Aurora, Mo.
22c. DATE SIGNED 9-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1 Oct. 1958
23c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery
23d. LOCATION (City, town, or county) (State) Greene County, Missouri.

24. FUNERAL DIRECTOR Ralph Thieme, ADDRESS 1200 Boonville Ave., Springfield, Missouri.
25. DATE RECD. BY LOCAL REG. 10-3-58
26. REGISTRAR'S SIGNATURE Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

OCT 8 1958

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.