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FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035048
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2398

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rock Hill — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Rock Hill 4000 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 9537 Plainview — Length of stay in 1b 11yrs.	d. STREET ADDRESS (If outside, give location) 9537 Plainview — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Fred	Middle: Nelson	Last: Moseley	4. DATE OF DEATH Month Day Year: Sept. 15th 1958
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Mar. 31st. 1910	9. AGE (In years last birthday): 48 — 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): Athletic Director	10b. KIND OF BUSINESS OR INDUSTRY: Public School	11. BIRTHPLACE (City and state or country): Paducah, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Ben Moseley	13b. MOTHER'S MAIDEN NAME: Emily Nelson	14. NAME OF HUSBAND OR WIFE: Margaret Moseley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW#2	16. SOCIAL SECURITY NO. 493-16-9296	17. INFORMANT: Margaret Moseley	Address: Above	

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) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Immed

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Post operative Phlebothrombosis — 4 wk

DUE TO (c)

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 [X]

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 Aug 12 '58, to Sept 15 '58 and last saw her/him alive on Sept 12 1958

Death occurred at 10:15 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jim F Beaver MD	22b. ADDRESS: 35 - No Central	22c. DATE SIGNED: 9/16/58
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 9-16-58	23c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cemetery
23d. LOCATION (City, town, or county) (State): Salem, Mo.		
24. FUNERAL DIRECTOR ADDRESS: JAY B. SMITH, Maplewood, Mo.	25. DATE RECD. BY LOCAL REG.: 9-16-58	26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 John Haines

Licensed Embalmer No. 4198

P. O. Address St Louis

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.