

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007475
STATE FILE NUMBER
2 1925

XC-6941 086
SL 18595

FILED MAR 10 1959 Registration District No. Primary Registration District No. Registrar's No.

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|---|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE ILLINOIS b. COUNTY SAINT CLAIR | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN BELLEVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL | | Length of stay in lb 68 days | d. STREET ADDRESS (If outside, give location) 21 FLAMINGO DRIVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last MARIE L. MOSBY | | | 4. DATE OF DEATH Month Day Year FEBRUARY 22, 1959 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 1/1/12 |
| 9. AGE (In years last birthday) 47 | | IF UNDER 1 YEAR Months 7 Days 21 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) TELL CITY, INDIANA / |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME WILBUR MOSBY | |
| 13b. MOTHER'S MAIDEN NAME LILLIE WALTERS | | 14. NAME OF HUSBAND OR WIFE ----- | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW-2 | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA OF THE LARGE BOWEL WITH WIDE- SPREAD METASTASIS TO LIVER, BONE; WITH TERMINAL DUE TO (b) UREMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) 153.8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 2 years |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 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 12/16/58 to 2/22/59 and last saw her alive on 2/22/59 Death occurred at 3:57 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Eugene B. Sledge, M.D. | | 22b. ADDRESS VAH, ST. LOUIS, MO. | 22c. DATE SIGNED 2/22/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2/24/59 | 23c. NAME OF CEMETERY OR CREMATORY Wesley Cemetery | 23d. LOCATION (City, town, or county) (State) Eldorado Illinois |
| 24. FUNERAL DIRECTOR Charles Thomas | | 25. DATE RECD. BY LOCAL REG. FEB 24 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service, 100, -57, 34, I, Doctor, coroner, etc. 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.

not embalmed

Student
Signature of Student Embalmer

Signed *Charles G. Kurndt*

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.