

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009578
STATE FILE NUMBER 1140

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3335 Colorado Length of stay in lb 23 yrs.
d. STREET ADDRESS 3335 Colorado (If outside, give location) Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY Inside Limits Yes No

3. NAME OF DECEASED (Type or print) First ENOCH Middle _____ Last MOSLEY
4. DATE OF DEATH February 25, 1959 Month February Day 25 Year 1959

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH August 2, 1895 9. AGE (In years at birthday) 63 yrs. 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) Laborer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or county) Little Rock, Arkansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Noah Mosley 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Ruby Mosley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Ruby Mosley Address 3335 Colorado

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Sclerosis
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH _____

19. WAS AUTOPSY PERFORMED? YES NO 2

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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 November 3, 1958 to Feb. 25, 1959 and last saw her alive on Feb. 23, 1959
Death occurred at 3:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bruce P. Mc Donald M.D. 22b. ADDRESS 2604 Prospect Avenue 22c. DATE SIGNED 2/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-2-59 23c. NAME OF CEMETERY OR CREMATORY Lincoln 23d. LOCATION (City, town, or county) (State) Kans. City, Missouri

24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 3-2-59 26. REGISTRAR'S SIGNATURE Ilova Marshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57



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 *Daniel R. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.