DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032494

STATE FILE NUMBER

FILED OCT 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4652

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 43yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gem. No. 2 — Inside Limits 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 ☐
d. STREET ADDRESS 1622 Montgall (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOSEPHINE Middle Last MOSBY

4. DATE OF DEATH Month 9 Day 22 Year 59

5. SEX female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 5-27-1902

9. AGE (last birthday) 57

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Selma, Ala.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frank Wilson

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Willie L. Mosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Leona Randall Address 5989 Romaine Pl. St. Louis, Mo.

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 Congestion

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

DUE TO (b) Myocardial Insufficiency

DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 ___, to ___ and last saw her/him alive on ___

Death occurred at ___ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. M. Tillman M.D. (Surgeon or other) Deput Coroner

22b. ADDRESS 1618 Lydia Ave

22c. DATE SIGNED 9/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-28-59

23c. NAME OF CEMETERY OR CREMATORY Highland

23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Watkins Bros. Fu. Home ADDRESS 18th Benton

25. DATE RECD. BY LOCAL REG. 9-24-59

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF L. M. Tillman

DOCUMENT

NDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Anna A. Watkins

Signature of Student Embalmer

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 co 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.