

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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=60-027708

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 53

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>VERSAILLES</u>		Length of stay in 1b <u>2 mo</u>		c. CITY OR TOWN <u>ROUCKEY-MOUNT</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kidwell's-Nursing-Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3mi-Sou-Rocky-Mt.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ELLA-</u> Middle <u>Mosley</u> Last <u>Mosley</u>				4. DATE OF DEATH Month <u>Aug-</u> Day <u>6</u> Year <u>1960</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6 JAN-1884</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>		11. BIRTHPLACE (City and state or country) <u>Monitau-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Charles-McDONALD</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie-PENNINGTON</u>			14. NAME OF HUSBAND OR WIFE <u>Ray-Mosley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Ray-Mosley</u>		Address <u>Rocky-Mount-Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular accident</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>							<u>years</u>
DUE TO (c) _____							_____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>NONE</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>NONE</u>	Month, Day, Year <u>NONE</u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION <u>NONE</u>		COUNTY	STATE
21. I attended the deceased from <u>1958</u> to <u>Aug 6, 1960</u> and last saw him alive on <u>Aug 6, 1960</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Ray Tyle</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Versailles-Mo</u>		22c. DATE SIGNED <u>8 Aug-1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-Aug-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNION-</u>			23d. LOCATION (City, town, or county) <u>MORGAN-Co-Mo</u>		(State)
24. FUNERAL DIRECTOR <u>Keith M. Kay</u>		ADDRESS <u>Eldon-Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-8-60</u>		26. REGISTRAR'S SIGNATURE <u>J. J. [Signature]</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 19 1960

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Keith McKays

Licensed Embalmer No. 3998

P. O. Address Eldon T.

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.