

FILED JUL 22 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0028432

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 165DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

9. <u>0</u>		10a. <u>62</u>		10b.		11. <u>0</u>		12. <u>1</u>		13. <u>4560</u>		14.		15. <u>4</u>		16.		17.		18. <u>0</u>		19. CREDITS		20. <u>1-0</u>					
DECEASED		1. <u>FINIS</u>		2. <u>LESLIE</u>		3. <u>MOSLEY</u>		4. <u>male</u>		5. <u>July 15, 1968</u>		6. <u>White</u>		7. <u>62</u>		8. <u>Sent 14, 1905</u>		9. <u>Henry</u>		10. <u>Clinton</u>		11. <u>yes</u>		12. <u>General Hospital</u>					
13. <u>Missouri</u>		14. <u>U.S.A.</u>		15. <u>Married</u>		16. <u>Beulah Ford Mosley</u>		17. <u>487-03-9297</u>		18. <u>Trucker</u>		19. <u>Owner</u>		20. <u>Missouri</u>		21. <u>Johnson</u>		22. <u>Chilhowee</u>		23. <u>yes</u>		24. <u>x</u>		25. <u>Walter G. Mosley</u>		26. <u>Rosa May Johnson</u>			
27. <u>Mrs. Beulah Mosley</u>		28. <u>Chilhowee, Missouri 64733</u>		29. <u>MASSIVE GASTRIC HEMORRHAGE PROBABLY</u>		30. <u>RUPTURED ESOPHAGEAL VARIX</u>		31. <u>1 hr 15 min</u>		32. <u>none</u>		33. <u>None</u>		34. <u>None</u>		35. <u>None</u>		36. <u>None</u>		37. <u>None</u>		38. <u>None</u>		39. <u>None</u>		40. <u>None</u>			
41. <u>5-16-58</u>		42. <u>7-15-68</u>		43. <u>7-15-68</u>		44. <u>Drd</u>		45. <u>4:30 P</u>		46. <u>Dr. S. B. Hughes</u>		47. <u>S. B. Hughes</u>		48. <u>7/17/68</u>		49. <u>Clinton, Missouri 64735</u>		50. <u>Mineral Creek</u>		51. <u>Leeton, Missouri</u>		52. <u>7/17/68</u>		53. <u>Cook Funeral Home, Chilhowee, Missouri 64733</u>		54. <u>Mildred Bigum</u>		55. <u>July 17, 1968</u>	

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

FEB 16 1969
FEB 12 1969

STATE OF MICHIGAN
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
MICHIGAN DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
MICHIGAN DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
MICHIGAN DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
MICHIGAN DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
MICHIGAN DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

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 [Signature]
Licensed Embalmer No. 4338
P. O. Address Chilhowee, Mo

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.

(not funeral home; Chilhowee, Mo 64737)

Permit Obtained 7-17-68