

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1799

No. 300
10. 48

1660

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>215</u>	PRIMARY REG. DIST. NO. <u>5783</u>	Registrar's No. <u>13</u>
1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> <u>1660</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - RICHWOODS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - RICHWOODS</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IBERIA, Mo. R.F.D. 2</u>		d. STREET ADDRESS (If rural, give location) <u>IBERIA, Mo. R.F.D. 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>Lee</u> c. (Last) <u>Mobley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-5 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-18-1865</u>	9. AGE (In years last birthday) Months Days <u>84 11 17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MORGAN County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>BENJAMIN Mobley</u>		
13b. MOTHER'S MAIDEN NAME <u>HARRIET Grey</u>		14. NAME OF HUSBAND OR WIFE <u>Mima Gunn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Mobley Iberia Mo Rt 2</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Due TO (b) <u>Arteriosclerosis</u> Due TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Jan. 30, 1950</u> , to <u>Feb. 5, 1950</u> , that I last saw the deceased alive on <u>Feb. 5, 1950</u> , and that death occurred at <u>10:30 pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Wm. A. Gould D.O.</u>		23b. ADDRESS <u>Iberia, Mo.</u>		23c. DATE SIGNED <u>2/7/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IBERIA</u>	24d. LOCATION (City, town, or county) (State) <u>Iberia Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 6 - 1950</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins</u> <u>195</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roran L. Adams Iberia Mo</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1950

MAY 6 1950

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
Student Embalmer

Signed

Rosa L. Adams

Licensed Embalmer No. 4207

P. O. Address Shreve, 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 this body is not embalmed, fact should be so stated above.