

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **7511**  
 Registrar's No. **5-4**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 10 **PRIMARY REG. DIST. NO.** 3002

**1. PLACE OF DEATH**  
 a. COUNTY Audrain  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO  
 c. LENGTH OF STAY (in this place) 10 days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1311 West St. Mexico, Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE MISSOURI  
 b. COUNTY Audrain  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO  
 d. STREET ADDRESS (If rural, give location) 1311 West Street

**3. NAME OF DECEASED**  
 a. (First) JOSEPH  
 b. (Middle) EDGAR  
 c. (Last) MOSLEY

**4. DATE OF DEATH** (Month) (Day) (Year) MARCH 20 1950

**5. SEX** MALE **6. COLOR OR RACE** WHITE  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED  
**8. DATE OF BIRTH** JUNE 6, 1875  
**9. AGE** (In years last birthday) 74  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 18 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) FARMER  
**10b. KIND OF BUSINESS OR INDUSTRY** FARMER, RETIRED  
**11. BIRTHPLACE** (State or foreign country) FULTON, MISSOURI  
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** JOSEPH E. MOSLEY  
**13b. MOTHER'S MAIDEN NAME** MARTHA CHRISWELL  
**14. NAME OF HUSBAND OR WIFE** MRS. JOSEPH E. MOSLEY

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) NO  
**16. SOCIAL SECURITY NO.** NONE  
**17. INFORMANT'S SIGNATURE OR NAME** George Coil  
**ADDRESS** Mexico Mo.

**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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) myocardial failure  
 ANTECEDENT CAUSES myocarditis chronic 10 yrs  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH** 2 weeks  
11-30

**19a. DATE OF OPERATION** \_\_\_\_\_  
**19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_  
**20. AUTOPSY?** YES  NO

**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) \_\_\_\_\_  
**21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK   
**21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** July 22, 1946, to March 20, 1950, that I last saw the deceased alive on March 19, 1950, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) M. Kallmeyer, M.D.  
**23b. ADDRESS** Mexico Mo  
**23c. DATE SIGNED** March 20, 1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL  
**24b. DATE** 3-22-50  
**24c. NAME OF CEMETERY OR CREMATORY** ELMWOOD CEMETERY  
**24d. LOCATION** (City, town, or county) (State) Mexico Mo.

**DATE REC'D BY LOCAL REG.** Mar 21-1950  
**REGISTRAR'S SIGNATURE** Blanche Neely  
**FUNERAL DIRECTOR'S SIGNATURE** Chas Arnold Jr.  
**ADDRESS** Mexico Mo

0042

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

RECEIVED MAR 2 8  
District Health Officer N  
District File Number 3-50-5  
Date Filed MAR 2 8 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Charles V. Greening*

Signed.....  
Student Embalmer

Licensed Embalmer No. *46256*

P. O. Address *Mexico 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.