

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26376

BIRTH NO. _____		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 4087		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY <u>Carter</u> <u>0180</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u>		c. LENGTH OF STAY (In this place) <u>24 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u> <u>0180</u>		d. STREET ADDRESS (If rural, give location) <u>Residence Gen. Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>Residence Gen. Del.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Martin</u>		b. (Middle) <u>Kenneth</u>		c. (Last) <u>Mosley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1951</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAR 24 1882</u>		9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>FRANKLIN County, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William James Mosley</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Laura 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'S SIGNATURE OR NAME ADDRESS <u>FRANK Mosley, Van Buren Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy -</u> <u>hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>48 hrs</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334 X</u>				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) (Min.)	
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>even 8-28-51</u> to <u>19</u> , that I last saw the deceased alive on <u>12-15</u> , 19 <u>51</u> , and that death occurred at <u>12:15 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. N. Cotton, M.D.</u>				23b. ADDRESS <u>Van Buren Mo</u>		23c. DATE SIGNED <u>8-31-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/30/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAN BUREN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>VAN BUREN Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 31-51</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Herison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen C. McSpadden Van Buren Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 4 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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..... *Allen C. McSpadden*

Licensed Embalmer No. *4543*

P. O. Address *Van Buren, 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.