S. No. 300
v. 10.48

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

FILED NOV 5 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34390

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 73

**1. PLACE OF DEATH**
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (In this place): Sev. Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 301 Cleveland St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston 0672
d. STREET ADDRESS (If rural, give location): 301 Cleveland St. 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Dolly
b. (Middle): Mosley
c. (Last): Tyler

**4. DATE OF DEATH** (Month) (Day) (Year): October, 10, 1951

**5. SEX**: Female 1

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow 2

**8. DATE OF BIRTH**: October, 23, 1872

**9. AGE** (In years last birthday): 78 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House Wife

**10b. KIND OF BUSINESS OR INDUSTRY**: House Wife

**11. BIRTHPLACE** (State or foreign country): Tullahoma, Tennessee 1

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William Mosley

**13b. MOTHER'S MAIDEN NAME**: Margaret Carpenter

**14. NAME OF HUSBAND OR WIFE**: George Tyler

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME** / **ADDRESS**: Mrs Armintha Haws, Blodgett, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

*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.*

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION** 4222

**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) m.

**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* 10/6, 1951, *to* 10/10, 1951, *that I last saw the deceased alive on* 10/10, 1951, *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): J. P. Fenton DO

**23b. ADDRESS**: Wyatt Mo

**23c. DATE SIGNED**: 10/11/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 10/11/51

**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Cemetery

**24d. LOCATION** (City, town, or county) (State): Charleston, Mo

DATE REC'D BY LOCAL REG.: 10-25-1951

REGISTRAR'S SIGNATURE: Mrs. Lee Kilgore 439

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: The Nunnelee Funeral Chapel, Charleston, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. Health Dep
County File No.
Date Filed NOV 2 1

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.