

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44388

410

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

DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 4552 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY WRIGHT			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WRIGHT		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MTN. GROVE		c. LENGTH OF STAY (in this place) 10 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MTN. GROVE		1140
d. FULL NAME OF HOSPITAL OR INSTITUTION MTN. GROVE GENERAL HOSP			d. STREET ADDRESS (If rural, give location) HIGHWAY 60		
3. NAME OF DECEASED a. (First) BARBARA b. (Middle) JEAN c. (Last) MOBERLY			4. DATE OF DEATH (Month) (Day) (Year) DEC. 1, 1952		
5. SEX F.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 11 1933	9. AGE (in years last birthday) 19	IF UNDER 1 YEAR Months 2 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (State or foreign country) DORA MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME J. OSCAR THOMPSON		13b. MOTHER'S MAIDEN NAME THELMA GRISHAM		14. NAME OF HUSBAND OR WIFE DEANE MOBERLY	
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 Deane Moberly ADDRESS Widow's Home		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal disease			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxemia of Pregnancy					
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 Nov. 28, 1952		19b. MAJOR FINDINGS OF OPERATION Cesarean Section - Cephalo-Pelvic Dystocia.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Dystocia		
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 Nov. 28, 1952 , to Dec 1, 1952 , that I last saw the deceased alive on Dec 1, 1952 , and that death occurred at 6:05 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE Richard E. Mitchell (Degree or title) D.O.			23b. ADDRESS Mtn. Grove, Mo.		23c. DATE SIGNED Dec 5, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 3/52	24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Mtn. Grove Mo.	
DATE REC'D BY LOCAL REG. 12-9-52		REGISTRAR'S SIGNATURE A. B. Ames		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rvt. Barber Mtn. Grove Mo.	

WRIGHT CO. HEALTH DEPT.
County File Number 1252-141
Date Filed 12-20-58

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 Ruth Barber

Licensed Embalmer No. 3848

P. O. Address 5121 Hwy 200

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.