

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

**45205**

State File No. ....

**FILED JAN 26 1953**

BIRTH NO. 92734 REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4552 Registrar's No. 74

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

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>		c. LENGTH OF STAY (in this place) <u>8 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>		1141
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MTN. GROVE GENERAL HOSP.</u>			d. STREET ADDRESS (If rural, give location) <u>11</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CONSTANCE</u> b. (Middle) <u>JEAN</u> c. (Last) <u>MOBERLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 6-1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>NOV. 28 1952</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MTN. GROVE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>DEANE MOBERLY</u>		13b. MOTHER'S MAIDEN NAME <u>BARBRA JEAN THOMPSON</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> YES	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Deane Moberly HOUSTON, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>meningitis</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>Nov. 28, 1952</u> , to <u>Dec 6, 1952</u> , that I last saw the deceased alive on <u>Dec 6, 1952</u> , and that death occurred at <u>1:45 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Richard H. Mitchell A.O.2.</u>		23b. ADDRESS <u>Mtn. Grove, Mo.</u>		23c. DATE SIGNED <u>Dec 12, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/7/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u>	24d. LOCATION (City, town, or county) (State) <u>MTN. GROVE MO.</u>		
DATE REC'D BY LOCAL REG. <u>12-17-52</u>	REGISTRAR'S SIGNATURE <u>G.B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. Barber</u>	ADDRESS <u>Mtn. Grove, Mo.</u>		

WRIGHT CO. HEALTH DEPT.  
County File Number 1852-143  
Date Filed 12-31-52

**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 Rev. Bond

Licensed Embalmer No. 9848

P. O. Address mt. Home 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.