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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18789

State File No.

FILED JUN 8 1953

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>4352</u>		Registrar's No. <u>26</u>			
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		c. LENGTH OF STAY (In this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		0710			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>709 N. Monroe</u>				d. STREET ADDRESS (If rural, give location) <u>709 N. Monroe</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>B</u> c. (Last) <u>Mobley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1953</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>Apr. 9, 1880</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter (Commercial)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan, Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Ben Mobley</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Gray</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Brownfield Mobley</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Mobley</u> ADDRESS <u>Versailles, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				DUE TO (b) <u>Coronary Occlusion</u>				<u>One week</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Pulmonary tuberculosis</u>				<u>Yrs</u>	
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		4201A		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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>Jan</u> , 1950, to <u>June 5, 1953</u> , that I last saw the deceased alive on <u>June 5, 1953</u> and that death occurred at <u>8:05/4 p.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. L. Washburn, M.D.</u>				23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>6/6/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7 June 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>June 6-1953</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. ...</u>		ADDRESS <u>Versailles, Mo.</u>			

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

(Signed Embalmer's Statement on Reverse Side)

Richard Redwell, Embalmer

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 Raymond C. Foster

Licensed Embalmer No. 4626

P. O. Address Kerrville, 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.