

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 18

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|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Audrain <u>4</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain | |
| b. CITY (If outside corporate limits, write RURAL and give township) Mexico | | c. LENGTH OF STAY (In this place) <u>4 weeks</u> | c. CITY OR TOWN Mexico |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. STEPHEN'S HOSPITAL 731 West Jackson | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| STREET ADDRESS 731 West Jackson | | (If rural, give location) <u>00430</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Stella b. (Middle) P. c. (Last) Mosley | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 23, 1955 | |
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH Oct 16, 1877 |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) widow at home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Gallaway Co., Mo. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME John Milton Herring | |
| 13b. MOTHER'S MAIDEN NAME Josie Price Jackson | | 14. NAME OF HUSBAND OR WIFE ----- | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Claude Mosley, Thompson, Mo. | | ADDRESS | |

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|---|--|--|---|--|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>years</u> |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Chronic Pyelonephritis</u> | | |
| 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 | | 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) | <u>6000</u> | |
| 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>Dec 28, 1954</u> , to <u>Jan 23, 1955</u> , that I last saw the deceased alive on <u>Jan 23, 1955</u> , and that death occurred at <u>1:40 p.m.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>Harold Lawrence M.D.</u> | | 23b. ADDRESS <u>Mexico, Mo.</u> | | 23c. DATE SIGNED <u>1-26-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-25-55 | 24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery | 24d. LOCATION (City, town, or county) (State) Mexico, Mo. | |
| DATE REC'D BY LOCAL REG. <u>Jan 26, 1955</u> | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Funeral Home Mexico Mo</u> | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 390
10
X
15

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.....
Signature of Student Embalmer

Signed..... *Richard Y. Maldonado*

Licensed Embalmer No. *482*

P. O. Address *Mexico*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.