

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12738

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

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>77</u> | | PRIMARY REG. DIST. NO. <u>3016</u> | | Registrar's No. <u>134</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | | c. LENGTH OF STAY (If this place) <u>ten hours</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> | | d. STREET ADDRESS (If rural, give location) <u>522 Linn Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Mary's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>522 Linn Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>PARTHENIA</u> | | b. (Middle) <u>(NMN)</u> | | c. (Last) <u>MOSLEY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 17th '56</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>April 20th 1904</u> | |
| 9. AGE (In years last birthday) <u>51</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County, Missouri</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Phillip Burrett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Julia Ann Childs</u> | | 14. NAME OF HUSBAND OR WIFE <u>Julius Mosley</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Nellie Fisher, Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cerebrovascular disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic coma.</u> <u>Diabetes mellitus</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>443X</u> | | | | 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>April 17, 1956</u> , to <u>April 17, 1956</u> , that I last saw the deceased alive on <u>April 17, 1956</u> , and that death occurred at <u>10:45 P. M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>William A. Cox, M.D.</u> | | | | 23b. ADDRESS <u>125 E. High St. Jefferson City, Mo.</u> | | 23c. DATE SIGNED <u>April 20, 1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/21/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Vernon Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Callaway County, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>24 April 1956</u> | | REGISTRAR'S SIGNATURE <u>R. J. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robinson ...</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

1956. 7 1 AOMI

APR 26 1956

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.

Donald P. Freeman
Signed _____

Donald P. Freeman

Student
Student Embalmer

Licensed Embalmer No. 4623

P. O. Address Jefferson City, 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.