

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13420
State File No. 1449
Registrar's No.

BIRTH NO. 24319-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In place) Life	c. CITY OR TOWN Kansas City	d. Residence within limits of city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION QUEEN OF THE WORLD		3b. STREET ADDRESS (If rural, give location) 3612 E. 29th; 3368	

3. NAME OF DECEASED (Type or Print) a. (First) EMMETT b. (Middle) LEE c. (Last) MOSLEY	4. DATE OF DEATH (Month) (Day) (Year) MARCH 30, 1956
---	---

5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH MARCH 30, 1956	9. AGE (In years last birthday) 7 8	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) infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	-----------------------------------	---	-----------------------------------

13a. FATHER'S NAME EMMETT MOSLEY	13b. MOTHER'S MAIDEN NAME OUNNIE MAE PUGH	14. NAME OF HUSBAND OR WIFE none
----------------------------------	---	----------------------------------

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 Ounnie Mae Mosley	ADDRESS 3612 E. 29th St.
--	------------------------------	---	--------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis (b) Single Hair Lip & Cleft Ble (c) hydrocephalus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH 7 hrs.
--	--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 MARCH 29 56 to MARCH 30 19 56 that I last saw the deceased alive on MARCH 30 19 56 and that death occurred at 6:13 p.m., from the causes and on the date stated above. 4-1-56

23a. SIGNATURE Leroy Haugh (Degree or title)	23b. ADDRESS 2200 East 15th St. Kansas City, Mo.	23c. DATE SIGNED 4/1/56
--	--	-------------------------

24a. BURNED, CREMATED, DATE OF REMOVAL (Specify) Buried 4/2/56	24c. NAME OF CEMETERY OR CREMATORY Lincoln	24d. LOCATION (City, town, or county) (State) K. C., Mo.
--	--	--

DATE REC'D BY LOCAL REG. 4-3-56	REGISTRAR'S SIGNATURE Vera Minshall	25. FUNERAL DIRECTOR'S SIGNATURE WITHER BROS.	ADDRESS 15th & Plator
---------------------------------	-------------------------------------	---	-----------------------

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

PL 1-7132

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 *Bruce L. Watkins*.....

Licensed Embalmer No. *45*.....

P. O. Address *18th +*.....

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.