

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29719

State File No. _____

FILED OCT 10 1956

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5002 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Liberty Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Liberty Twp.</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1, Novinger</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1, Novinger</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Theodore</u>	b. (Middle) <u>Virgil</u>	c. (Last) <u>Mobley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 1956</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>July 19, 1913</u>	9. AGE (In years last birthday) <u>43</u>	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) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>David J. Mobley</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Francis Baggs</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Ruth Mobley</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY No. <u>497-42-1857</u>	17. INFORMANT'S SIGNATURE OR NAME <u>David J. Mobley, Novinger, Mo.</u>	ADDRESS _____
---	--	---	---------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ 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 <u>Nov</u>	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>4214</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 May, 1954, to Sept 30, 1956, that I last saw the deceased alive on Sept 26, 1956, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. D. Garrison M.D.</u>	(Degree of title) _____	23b. ADDRESS <u>Novinger Mo</u>	23c. DATE SIGNED <u>10-2-56</u>
---	-------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct. 3, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Adair Co., Mo.</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>10-3-56</u>	REGISTRAR'S SIGNATURE <u>Kate Sambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blair E. Kenton</u>	ADDRESS <u>Brewer City, Mo.</u>
---	---	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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

Ferd R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green 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.