

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30058**

FILED OCT 1 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **439**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Cape Girardeau</b> )		c. LENGTH OF STAY (in this place) <b>40 yr</b>	c. CITY OR TOWN <b>Cape Girardeau</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Galdwell Nursing Home</b>			e. STREET ADDRESS (If rural, give location) <b>1305 Broadway</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruth</b>		b. (Middle) <b>P</b>	c. (Last) <b>Mosley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 26 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 8 1873</b>	9. AGE (In years) (Day birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Stoddard County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>Samuel P Curt</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E St. John</b>		14. NAME OF HUSBAND OR WIFE <b>E.S Mosley (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr Juel Mosley</b> ADDRESS <b>Cape Girardeau Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) <b>Suppurative Chronic Bronchitis 40 yrs</b>				
	DUE TO (c) <b>Arteriosclerosis</b>				
	II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <b>Arteriosclerosis</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>241X</b>				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 <b>Jan</b> , 19 <b>17</b> , to <b>Sept 24</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Sept 24</b> , 19 <b>56</b> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>H. C. Summers</b>		(Degree or title)	23b. ADDRESS <b>24 N. Spiga Cape Girardeau Mo</b>		23c. DATE SIGNED <b>Sept 26/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 27 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	24d. LOCATION (City, town, or county) (State) <b>Near Advance Mo Rural</b>		
DATE REC'D BY LOCAL REG. <b>9-27-56</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Brinkopf Howell</b> ADDRESS <b>Cape Gir Mo.</b>		

**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 *Neil H. Crosshield*.....

Licensed Embalmer No. *4894*.....

P. O. Address *Cape Girardeau*.....

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.