

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14307

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 390 PRIMARY REG. DIST. NO. 4442 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MO</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Highell</u>		c. CITY OR TOWN <u>Highell</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 years</u>		e. STREET ADDRESS (If rural, give location) <u>Highell MO 08800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVIN</u> b. (Middle) <u>LEE</u> c. (Last) <u>MOBLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 1957</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>May 5 - 1875</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Days <u>11</u> Hours <u>21</u> Min. <u>4</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Howard Co</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Quincy Mobley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia Mobley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Georgia Mobley Highell 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>Congestive Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated Hypertension</u> DUE TO (c) <u>Advanced Arteriosclerosis</u>			<u>Unknown</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Unknown</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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>443x</u>	
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 1-7, 1952, to 4-27, 1957, that I last saw the deceased alive on 4-27, 1957, and that death occurred at 4:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Per Y. Brubaker, D.O. 2</u>		23b. ADDRESS <u>Box 300 Highell</u>		23c. DATE SIGNED <u>4-29-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 29-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cent</u>	
24d. LOCATION (City, town, or county) (State) <u>County MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H S Roberson</u>		ADDRESS <u>Highell MO</u>	
DATE REC'D BY LOCAL REG. <u>4-29-57</u>		REGISTRAR'S SIGNATURE <u>JOE W. BURTON</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.....  
Signature of Student Embalmer

Signed *H S Robinson*

Licensed Embalmer No. *3001*

P. O. Address *Higley*

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.