

pt. Health,
, & Welfare
& Public
alth Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44509
STATE FILE NUMBER
5943

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death.) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		155 CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3008 Mercier			Length of stay in lb 40 yrs.		d. STREET ADDRESS (If outside, give location) 3008 Mercier		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last MOSLEY			4. DATE OF DEATH Month Dec. Day 12, Year 1957					
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 4, 1886		9. AGE (In years last birthday) 71 yrs	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) Railroad			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Murfreesboro, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Will Mosley			13b. MOTHER'S MAIDEN NAME Sadie Johnson			14. NAME OF HUSBAND OR WIFE Willie Mosley son		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Forrest Mosley 1822 Highland Son			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure							INTERVAL BETWEEN ONSET AND DEATH Unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia							"	
DUE TO (c) Arteriosclerosis							" 3327	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced age. Feeding problem							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> None <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) XXXXXXXXXXXXX					
20c. TIME OF INJURY None a.m. p.m.			XXXXXXXXXXXXX					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) XXXXXXXXXXXXX			20f. CITY, TOWN, OR LOCATION COUNTY STATE XXXXXXXXXXXXX			
21. I attended the deceased from March 9, 1957, to Dec. 3, 1957 and last saw him alive on Dec. 3, 1957 Death occurred at 2:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R. N. Clarke, O. O.				22b. ADDRESS 3353 E. 27th St. K.C. Mo.			22c. DATE SIGNED Dec. 13, 1957	
23a. BURIAL CREMATION (Specify) Burial		23b. DATE 12-16-57	23c. NAME OF CEMETERY OR CREMATORY Maple Hill			23d. LOCATION (City, town, or county) (State) Kansas City, Kansas		
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton				25. DATE RECD. BY LOCAL REG. 12-16-57		26. REGISTRAR'S SIGNATURE Newa Marshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

R. N. Clarke

(Licensed Embalmer's Statement on Reverse Side)



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 R. Watkins*

Licensed Embalmer No. *4300*

P. O. Address *18th V. Bent*

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.