No. 300
10.48

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

FILED MAR 2 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006484
State File No.

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5828 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Le Seinr
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN: Marston 0720
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Tommy
b. (Middle): ----------
c. (Last): Mosby

4. DATE OF DEATH (Month) (Day) (Year): January 30, 1959

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec. 9, 1896
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months: 1, Days: 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: --------
11. BIRTHPLACE (City and State or Foreign Country): Ark. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jim Mosby
13b. MOTHER'S MAIDEN NAME: Lula ?
14. NAME OF HUSBAND OR WIFE: Mary Mosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 490-24-5773
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mary Mosby, R#1, Postageville, Mo.

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) Cerebral Hemorrage — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 5 years
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
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☐ 0

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-3, 1953, *to* 1-21, 1959, *that I last saw the deceased alive on* 1-21-1959, *and that death occurred at* 1:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James C. Cameron D.O.
23b. ADDRESS: Bloomfield Mo
23c. DATE SIGNED: 2-18-59.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1 Feb. 1959
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Point Pleasant, Mo.

DATE REC'D BY LOCAL REG.: 2-21-59
REGISTRAR'S SIGNATURE: Ellen De Lisle Nielsen
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Richards Undertaking Co. New Madrid, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NEW MEXICO HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tommy L. Doherty

Licensed Embalmer No. 4886

P. O. Address New Mexico

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.