ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014119
STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 213

FILED MAY 2 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown
Length of stay in 1b: 6 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6009 Harris
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Raytown
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6009 Harris
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: George Middle: Thornton Last: Mozley
4. DATE OF DEATH Month, Day, Year: April 21, 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/16/1924
9. AGE (last birthday): 37
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Manager
10b. KIND OF BUSINESS OR INDUSTRY: Dunn Machry. Co.
11. BIRTHPLACE (City and state or country): Santa Rosa, N. M.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Paul P. Mozley
13b. MOTHER'S MAIDEN NAME: Eva Alderman
14. NAME OF HUSBAND OR WIFE: Erma Lee Mozley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. #2
17. INFORMANT: Erma Lee Mozley Address: 6009 Harris Raytown, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 M.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rhabdo Myosarcoma — 3 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/14/55 to 4/21/61 and last saw her/him alive on 4/21/61
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Biggs, M.D. (Degree or title)
22b. ADDRESS Raytown, 33, MO
22c. DATE SIGNED 4/22/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 4/24/61
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Earp & Sons ADDRESS: 4707 Truman Rd. K.C., Mo.
25. DATE RECD. BY LOCAL REG.: 4-24-61
26. REGISTRAR'S SIGNATURE: Alba L. Craig. Deputy

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

MAY 2 1967

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 James W. Earp

Licensed Embalmer No. 4622

P. O. Address K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.