

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029858

STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 404

FILED SEP 6 1961

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin | | Length of stay in 1b 5 Months | c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1130 W. Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|-------------------------------------|--|
| 3. NAME OF DECEASED (Type or print) First Clarence Middle A Last Mosbaugh | | | 4. DATE OF DEATH Month August Day 25 Year 1961 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-31-1887 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Supt. for Lead & Zinc Mining | 10b. KIND OF BUSINESS OR INDUSTRY Zinz Mining | 11. BIRTHPLACE (City and state or country) McCune, Kansas | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Austin Mosbaugh | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE Blanche Mosbaugh |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 17. INFORMANT Blanche Mosbaugh Address 1130 W. Broadway Webb City, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident | | INTERVAL BETWEEN ONSET AND DEATH 5 months 4-23-61 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ DUE TO (c) _____ | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Joplin, Mo. | COUNTY _____ STATE _____ |
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21. - I attended the deceased from **5-4-61** to **8-25-61** and last saw her/him alive on **8-25-61**
Death occurred at **August 25, 1961** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>[Signature]</i> M.D. | 22b. ADDRESS 302 Medical Arts Bldg. Joplin, Mo. | 22c. DATE SIGNED 8-28-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-28-61 | 23c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery | 23d. LOCATION (City, town, or county) Carl Junction, Mo. (State) _____ |
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| 24. FUNERAL DIRECTOR Johnston-Simpson, Webb City, Mo. ADDRESS _____ | 25. DATE RECD. BY LOCAL REG. 9-1-1961 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 19 1961

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 Jack C. Simpson
Licensed Embalmer No. 4647
P. O. Address Webb City, 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.