

5. No. 300
v. 10.48

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9276
Registrar's No. 12

630
1

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

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5753</u>		State File No. 9276		Registrar's No. 12			
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Twp.</u>			c. LENGTH OF STAY (in this place) <u>50yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp.</u>			0630				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Vienna, Mo.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elwood</u>			b. (Middle) _____			c. (Last) <u>Moon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1951.</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan. 17, 1862</u>		9. AGE (In years last birthday) <u>89</u>	If UNDER 1 YEAR <u>2</u> Months	If UNDER 12 HOURS <u>4</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Elwood Moon</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Elrod</u>			14. NAME OF HUSBAND OR WIFE <u>Barbara Moon</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Moon</u> ADDRESS <u>Vienna, Mo.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>							?		
		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>							?		
		DUE TO (c) _____									
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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>446X</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>July 1, 1950</u> , to <u>March 21, 1951</u> , that I last saw the deceased alive on <u>March 21, 1951</u> , and that death occurred at <u>5:35 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>J. C. Howard</u> (Degree of title)				23b. ADDRESS <u>Vienna Mo</u>			23c. DATE SIGNED <u>3-29-51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rader Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maries County Mo.</u>						
DATE REC'D BY LOCAL REG. <u>3-30-51</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		188		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Howard</u> ADDRESS <u>Vienna, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE No. 4

File No.

APR 2 1951

RECEIVED

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
Student Embalmer

Signed

McBirmingham

Licensed Embalmer No. *3664*

P. O. Address *Cherry 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 this body is not embalmed, fact should be so stated above.