

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30639

State File No. \_\_\_\_\_

FILED SEP 24 1951

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 53-96 Registrar's No. 322

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-Valle</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-Valle</u>	
c. LENGTH OF STAY (in this place) <u>YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 3-DeSoto</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 3-DeSoto Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>N.M.N.</u> c. (Last) <u>MOON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10-1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>Nov. 11-1853</u>
9. AGE (In years last birthday) <u>97</u>		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>Gen'l. Farming</u>
11. BIRTHPLACE (State or foreign country) <u>Jefferson Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Thomas P. Moon</u>	13b. MOTHER'S MAIDEN NAME <u>MARtha Holdman</u>	14. NAME OF HUSBAND OR WIFE <u>MARGaret Ellen Jones</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Laura Murphy</u> ADDRESS <u>Rt. 3-DeSoto Mo</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Semility</u>		<u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>4/500</u>  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arterio-sclerosis</u>		<u>years</u>	
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Sept 6, 1951 to Sept 10, 1951, that I last saw the deceased alive on Sept 9, 1951, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mrs. L. Murphy</u>	23b. ADDRESS <u>Rt. 3-DeSoto, Mo.</u>	23c. DATE SIGNED <u>Sept 12, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOON TOWN</u>
24d. LOCATION (City, town, or county) (State) <u>Jefferson Co., Mo</u>		

DATE REC'D BY LOCAL REG. <u>9-12-51</u>	REGISTRAR'S SIGNATURE <u>Marie Farris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mathershead</u> ADDRESS <u>DeSoto, Mo</u>
---	---	--

DEC 17 1951

DATE RECEIVED 9-17-51  
JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

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

Andrew H. England  
4745

Licensed Embalmer No. \_\_\_\_\_

P. O. Address

De Soto, 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.