

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. 5485
 FILED FEB 23 1952
 BIRTH NO. (1924) 8461 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> <u>0551</u>	
c. LENGTH OF STAY (in this place) <u>6 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>W. Springfield St.</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stone Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NOVA</u>		b. (Middle) <u>DEANE</u>	
c. (Last) <u>MOONEYHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8, 1952</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb 8, 1952</u>
9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>6</u> Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Carthage, Missouri</u> <input checked="" type="checkbox"/>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Neill Mooneyham</u>		13b. MOTHER'S MAIDEN NAME <u>Toy Blades</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>N. Mooneyham, Aurora, Mo</u> ADDRESS
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>same</u> DUE TO (c) <u>born 9:19 a.m. 2-8-52</u> 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	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>776x</u>
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 <u>Feb 8, 1952</u> to <u>Feb 8, 1952</u> , that I last saw the deceased alive on <u>Feb 8, 1952</u> , and that death occurred at <u>3:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Albert B. Wheeler, D.O.</u>		23b. ADDRESS <u>Carthage, Mo.</u>	23c. DATE SIGNED <u>2-8-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wade Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawrence Co - Mo</u>
DATE REC'D BY LOCAL REG. <u>2-9-52</u>	REGISTRAR'S SIGNATURE <u>L.B. Clutter, M.D.</u> <u>139</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 2-21-82
Asper County Health Office

County File Number 52/2/149
Date Filed 2-21-82

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

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.