

FILED NOV 7 1952

STANDARD CERTIFICATE OF DEATH

State File No. 36032

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

BIRTH NO. _____		REG. DIST. NO. <u>300</u>		PRIMARY REG. DIST. NO. <u>6029</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington (Rural) Logan</u>		c. LENGTH OF STAY (in this place) <u>74 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington rural - Logan</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellen Mooney Residence</u>				d. STREET ADDRESS (If rural, give location) <u>06901</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle)		c. (Last) <u>Mooney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27 1952</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 2 1873</u>	
9. AGE (in years) (last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Mooney</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy McCall</u>		14. NAME OF HUSBAND OR WIFE <u>Amanda Mooney</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 / ADDRESS <u>Ellen Mooney Ellington 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				2 years	
		DUE TO (c) <u>Cerebral hemorrhage with blindness &amp; loss of thinking power</u>				21 mos +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1/7 1951</u> , to <u>10/27 1952</u> , that I last saw the deceased alive on <u>10/27 1952</u> , and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. O'Dell M.D.</u>				23b. ADDRESS <u>Ellington Mo</u>		23c. DATE SIGNED <u>10/28/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 29 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ellington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ellington Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 1 - 52</u>		REGISTRAR'S SIGNATURE <u>Essie Evans 276</u>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>Seaton Perrett Van Ruren</u>			

**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 Seaton Pewitt.....

Licensed Embalmer No. 2287.....

P. O. Address Van Buren.....

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.