No. 300
10.48

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

FILED JUL 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21128

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 0070 Registrar's No. 144

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chillicothe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN: Chillicothe
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): St. Paul St. 0542

3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle): F.
c. (Last): Moon

4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 56

5. SEX: Male
6. COLOR OR RACE: White (US)
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 11-22-1879
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Fruit Grower
11. BIRTHPLACE (City and State or Foreign Country): Grandledge, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: B. R. Moon
13b. MOTHER'S MAIDEN NAME: Nellie Stone
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 541-05-1542
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Bert Brooks
ADDRESS: Chillicothe, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (e)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Peptic Ulcer — 3-6 yrs.
DUE TO (c)

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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-6-56, 19____, *to* 7-7-56, 19____, *that I last saw the deceased alive on* 7-7-56, 19____, *and that death occurred at* 2.20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. W. Matheny
(Degree or title): M.D.
23b. ADDRESS: Chillicothe, Missouri
23c. DATE SIGNED: 7/7/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-8-56
24c. NAME OF CEMETERY OR CREMATORY: Spencer Libby Funeral Home
24d. LOCATION (City, town, or county) (State): The Dalles, Oregon

DATE REC'D BY LOCAL REG.: 7/7/56
REGISTRAR'S SIGNATURE: Francis B. Neill
25. FUNERAL DIRECTOR'S SIGNATURE: Norman Funeral Home
ADDRESS: Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph M. Gibson

Licensed Embalmer No. 4769

P. O. Address Chillicothe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.