

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 28 1957

State File No. 28096

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		b. COUNTY Grundy	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Trenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1411 MAIN ST		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. STREET ADDRESS 600 S. MAIN		(If rural, give location) 04020	

3. NAME OF DECEASED (Type or Print) a. (First) Charity b. (Middle) - c. (Last) MOONEY			4. DATE OF DEATH (Month) (Day) (Year) AUG. 23 1957		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	
8. DATE OF BIRTH Sept 29, 1875		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 11 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker.		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (City and State or Foreign Country) MERCER Co. Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME John Sandlin		13b. MOTHER'S MAIDEN NAME AMANDA Renfro		14. NAME OF HUSBAND OR WIFE J.W. MOONEY (dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JAMES E. MOONEY	
				ADDRESS Mt. Vernon, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of head of Pancreas			2 year.
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 157X			

19a. DATE OF OPERATION 8-25-57		19b. MAJOR FINDINGS OF OPERATION Carcinoma head of Pancreas (inoperable).			20. AUTOPSY? 2 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 **5-19**, 19**57**, to **8-23**, 19**57**, that I last saw the deceased alive on **8-23**, 19**57**, and that death occurred at **11:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. L. Clark		(Degree or title) M.D.		23b. ADDRESS Trenton, Mo.	
				23c. DATE SIGNED 8-24-57	

24a. BURIAL, CREMATION, REINTERMENT Burial		24b. DATE Aug 25, 57		24c. NAME OF CEMETERY OR CREMATORY Brunnmitt Cemetery	
				24d. LOCATION (City, town, or county) (State) South of Modawa, Mo	

DATE REC'D BY LOCAL REG. 8/26/57		REGISTRAR'S SIGNATURE J. Gordon Blackmore		25. FUNERAL DIRECTOR'S SIGNATURE J. Gordon Blackmore	
				ADDRESS Trenton, MO	

Dr. C. L. Clark.

(Licensed Embalmer's Statement on Reverse Side)

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

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
Signature of Student Embalmer

Signed *Harold Roberts*

Licensed Embalmer No. *492*

P. O. Address *Leventon, Va.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.