Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043451
STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 50 Primary Registration District No. 4070 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Camden
b. CITY OR TOWN Stoutland — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) home, Stoutland — Length of stay in Ib lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Camden
c. CITY OR TOWN Stoutland 0150 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Main St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Thomas Middle Lloyd Last Mooney

4. DATE OF DEATH Month Dec. Day 20, Year 1958

5. SEX male **6. COLOR OR RACE** white **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH 4-21-1897

9. AGE (In years last birthday) 61 — 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) school bus driver
10b. KIND OF BUSINESS OR INDUSTRY bus driver
11. BIRTHPLACE (City and state or country) Dallas Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Eliza Chase Mooney
13b. MOTHER'S MAIDEN NAME Josephine Bartee
14. NAME OF HUSBAND OR WIFE Anna Marie Mooney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War #1
16. SOCIAL SECURITY NO. 487-18-1311
17. INFORMANT Robert Schmoutey, Address Lebanon, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion, acute — INTERVAL BETWEEN ONSET AND DEATH: Minutes.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Insufficiency, chronic — 2 years
DUE TO (c) Emphysema, chronic — 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-20-58, to 12-20-58 and last saw him alive on 12-20-58.
Death occurred at ____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dec. certifier) S. SCHATTZ R. Schlicht, M.D.
22b. ADDRESS RICHLAND, MO.
22c. DATE SIGNED 12-26-58.

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 12-23-58
23c. NAME OF CEMETERY OR CREMATORY Stoutland Cemetery
23d. LOCATION (City, town, or county) Stoutland, (State) Mo.

24. FUNERAL DIRECTOR A. G. Shadel
ADDRESS Lebanon, Mo.
25. DATE RECD. BY LOCAL REG. Jan. 12-1959
26. REGISTRAR'S SIGNATURE Zilpha I. Trow.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 14 1959

AUG 24 1959

VS MAY 9 1960

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 R W Barber

Licensed Embalmer No. 38 48

P. O. Address Nth Grove

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.