

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24206

BIRTH NO. _____		REG. DIST. NO. 241		PRIMARY REG. DIST. NO. 5829		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Mo.</i> b. COUNTY <i>New Madrid</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural</i>		d. STREET ADDRESS (If rural, give location) <i>7 mi. E. of Sidewy, Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Portage Twp</i>							
3. NAME OF DECEASED (Type or Print) a. (First) <i>DANNIE</i>		b. (Middle) <i>WAYNE</i>		c. (Last) <i>MOONINGHAM</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 4 1949</i>	
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Oct. 23-1944</i>	
9. AGE (in years last birthday) <i>4</i>		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) <i>child</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Mo.</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Ray Mooningham</i>		13b. MOTHER'S MAIDEN NAME <i>Natalee Vassleton</i>		14. NAME OF HUSBAND/OR-WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ray Mooningham Wardell Mo., EtH.</i>			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchial Pneumonia</i> INTERVAL BETWEEN ONSET AND DEATH <i>July 2/49</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cold and sinus</i> DUE TO (c) <i>Care of Summer Disinfectant</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 <i>July 2, 1949</i> , to <i>July 4, 1949</i> , that I last saw the deceased alive on <i>July 4, 1949</i> , and that death occurred at <i>10 A.M.</i> from the causes and on the date stated above.							
23a. SIGNATURE <i>M. C. Vassleton</i> (Degree or title) <i>D.O.</i>				23b. ADDRESS <i>Malden, Mo.</i>		23c. DATE SIGNED <i>July 5/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>July 6-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Malden</i>		24d. LOCATION (City, town, or county) (State) <i>Malden, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>July 15, 1949</i>		REGISTRAR'S SIGNATURE <i>Ellen DeLisle</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Watkins Funeral Service</i>		ADDRESS <i>Parma 7710</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 26

District Health Office

District File Number 249

Date Filed

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

*B. Brentinger*

Licensed Embalmer No. 4501

P. O. Address Dexter Mo

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.