

FILED NOV 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34249

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5841 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Buffalo</u>	
c. LENGTH OF STAY (In this place) <u>46 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. SE of Seneca</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Belle</u> c. (Last) <u>Mhoon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 24 1874</u>
9. AGE (In years last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
13a. FATHER'S NAME <u>John Perry Rankford</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy K. Thouson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Royd Keith, Seneca, Mo.</u>	
16. SOCIAL SECURITY NO. _____		14. NAME OF HUSBAND OR WIFE <u>Elmer Mhoon</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. TIME (Month) (Day) (Year) (Hour) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Sept 10, 1950</u> , to <u>Oct 7, 1950</u> , that I last saw the deceased alive on <u>Sept 27, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>D. W. Suenler M.D.</u>		23b. ADDRESS <u>Seneca Mo</u>	
23c. DATE SIGNED <u>10-7-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Seneca Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Beddome</u>	
DATE REC'D BY LOCAL REG. <u>10-8-50</u>		REGISTRAR'S SIGNATURE <u>Phyllis Britte by Louise Bidleman</u>	
25. ADDRESS <u>Seneca Mo</u>		26. DEFUNER'S SIGNATURE <u>W. E. Beddome</u>	

Defuners Statement on Reverse Side

RECEIVED

District Health Officer No. Newton Co. Health Dept.  
District File Number 1150-240  
Date Filed 11/6/50

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.