

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7889

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 71

264
23

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Rwp. 0630</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Vienna, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Barbara.</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Moon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 14, 1951.</u>
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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>June 19, 1864</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House keeping</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dillard Green</u>	13b. MOTHER'S MAIDEN NAME <u>Pollie Eads</u>	14. NAME OF HUSBAND OR WIFE <u>Wood Moon</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Archie Moon</u> ADDRESS <u>Vienna, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>29 1/2</u> <u>16</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental burns</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) _____		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson twsp. Maries, Co., Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>3/14/51</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Stove exploded.</u>
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22. I hereby certify that I attended the deceased from July 11, 1949, to March 14, 1951, that I last saw the deceased alive on March 14, 1951, and that death occurred at 6:45P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D. O.</u>	23b. ADDRESS <u>Vienna, Missouri</u>	23c. DATE SIGNED <u>3/15/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rader Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maries County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>March 19-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Vienna, Mo.</u>
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RECEIVED 3-20-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-20-51 _____

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 *M. C. Birmingham*

Licensed Embalmer No. 3664

P. O. Address Quincy 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.