

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **388**
 Registrar's No. **13**

BIRTH NO. _____ **REG. DIST. NO.** 43 **PRIMARY REG. DIST. NO.** 3007

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>	
b. CITY OR TOWN <u>Poplar Bluff</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Kennett</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) <u>3-Months</u>		d. STREET ADDRESS (If rural, give location) <u>0352</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trueths Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMORE</u> b. (Middle) <u>—</u> c. (Last) <u>MOONEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 12-1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4-29-1893</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when treated) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Hamilton Co. Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>St. Mooney</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Mansell</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>			
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. <u>498-28-2080</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Emmie Lowe Campbell</u>			
ADDRESS <u>MO</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, ashenia, 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>		INTERVAL BETWEEN ONSET AND DEATH <u>few min</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause* (a) stating the underlying cause last. <u>hypertension/heart disease and decaying</u>		DUE TO (b) <u>hypertension/heart</u>	
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 <u>4201</u>	
20. AUTOPSY? 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) (Min.)		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 <u>11:57</u> to <u>12 Jan, 1952</u> that I last saw the deceased alive on <u>11 Jan, 1952</u> and that death occurred at <u>2:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. H. Johnson MD</u>		23b. ADDRESS <u>Poplar Bluff Mo</u>	
23c. DATE SIGNED <u>13 Jan 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <u>Gravel Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Gravel Hill Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 14 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	
5. FUNERAL DIRECTOR'S SIGNATURE <u>Emmie T. Son - Johnson</u>		ADDRESS <u>—</u>	

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

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RECEIVED
JAN 22 1952
BUTLER CO. HEALTH CENTER
FILE No. 152-40

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 T Emmons

Licensed Embalmer No. 352

P. O. Address Greenwood Ark.

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.