

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25130**

1952 AUG 4

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> 0672		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		c. LENGTH OF STAY (In this place) <u>17 Years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 800 S. Main St.</u>		d. STREET ADDRESS (If rural, give location) <u>800 S. Main St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bart</u>	b. (Middle) <u>Thomas</u>	c. (Last) <u>Mooneyham</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July, 25, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July, 22, 1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cleaner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning & Pressing</u>	11. BIRTHPLACE (State or foreign country) <u>Fulton, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Mooneyham</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Lynn</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Mooneyham</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>Mrs Lydia Armstrong, Dallas, Texas</u>	ADDRESS <u>Dallas, Texas</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Don't Know</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>was my dad's cause on May 27-1952</u> Morbidity 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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Charleston, Mo.</u>
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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? _____
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22. I hereby certify that I attended the deceased from May 27, 1952, to May 27, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. C. Reese M.D.</u>	23b. ADDRESS <u>Charleston, Mo.</u>	23c. DATE SIGNED <u>July 25, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/27/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/30/52</u>	REGISTRAR'S SIGNATURE <u>Mr. Ann Sides Koch</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>John Hummel</u>	ADDRESS <u>The Hummel Funeral Chapel, Charleston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 31 1952

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed AUG 1 1952

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 Edward E. J. J. J.

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.