

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41820

State File No. ....

DEC 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 103

0240

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

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Smithville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Smithville</b> <b>0240</b>	
c. LENGTH OF STAY (In this place) <b>3 months</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b>	b. (Middle) <b>Maude</b>	c. (Last) <b>Mooney</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14 1952</b>
--	--------------------------	-------------------------	--

5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2-Sept. 28, 1876</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>16</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
------------------	----------------------------	---	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	--	---	---

13a. FATHER'S NAME <b>Jerry Shaw</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Todd</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas J. Mooney</b>
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Roberta Richardson</b> ADDRESS <b>Smithville Mo.</b>
---	--	--

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDIAL INFARCTION</b>		<b>12 hrs +</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CORONARY ARTERIOSCLEROSIS</b>		<b>10 YRS +</b>
DUE TO (c) <b>CEREBROVASCULAR THROMBOSIS</b>		<b>4 mos +</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>LENTICULO-STRIATE ARTERY</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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)	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 9-27, 1952, to DEC 14, 1952, that I last saw the deceased alive on DEC 14, 1952, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W.D. Hoover</b>	23b. ADDRESS <b>SMITHVILLE, MO</b>	23c. DATE SIGNED <b>DEC-15, 1952</b>
---	------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-16-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Smithville Missouri</b>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <b>12-16-52</b>	REGISTRAR'S SIGNATURE <b>Beulah Kitchener</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McComas Funeral Home</b> ADDRESS <b>Smithville Mo.</b>
--	---	--

MADE BY  
10/1/53

EXAM 1 1953

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Missouri

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.