

LED APR 3 1953

STANDARD CERTIFICATE OF DEATH

213 State File No. 9111

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4254</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Carter</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- Jackson Twp.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Carter</u>	
c. LENGTH OF STAY (in this place) <u>6 Mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- Jackson Twp.</u>		d. STREET ADDRESS <u>Rt. 2, Ellsinore, Mo.</u>		OR TOWN <u>0180</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 2, Ellsinore, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 2, Ellsinore, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Franklin</u>		b. (Middle) <u>P.</u>		c. (Last) <u>Moomau</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>7</u>		(Year) <u>1953</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>April 6, 1868</u>		9. AGE (In years last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Moomau</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marvin Lawrence</u>		ADDRESS <u>Rt. 2, Ellsinore</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Acute Circulatory Failure</u>				<u>1 day</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Arterial Hypertension</u>				<u>5 yrs.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Chronic Myocarditis</u>				<u>5 yrs.</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>443X</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) (m.)		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>May 12, 1948</u> , to <u>Mar. 7, 1953</u> , that I last saw the deceased alive on <u>Feb. 6, 1953</u> , and that death occurred at <u>2:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank J. Rucinski, D.O.</u>				23b. ADDRESS <u>Van Buren, Mo.</u>		23c. DATE SIGNED <u>3-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Yount Memorial cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Reynolds, County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 31-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Oeta Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coreman McSpadden</u>		ADDRESS <u>Van Buren, M</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Allen C. McSpencer

Licensed Embalmer No. 4543

P. O. Address New Braunfels, 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.