

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9173

State File No.

MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>	
c. LENGTH OF STAY (in this place) <u>2 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>IOOF. Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF. Hosp.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Adelbert</u>	b. (Middle) <u>Eugene</u>	c. (Last) <u>Moon</u>	(Month) <u>Mar.</u>	(Day) <u>13</u>	(Year) <u>53</u>
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>Aug. 6-1894</u>		9. AGE (in years) <u>58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Burlingame Kansas</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Sam Moon</u>		13b. MOTHER'S MAIDEN NAME <u>Luella Parsons</u>		14. NAME OF HUSBAND OR WIFE <u>Theresa Moon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War #2</u>		16. SOCIAL SECURITY NO. <u>311-07-7595</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theresa Moon</u> ADDRESS <u>Liberty, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>none known</u>			<u>5 weeks probable</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <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)		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 Feb 1, 1953, to Feb 12, 1953, that I last saw the deceased alive on Feb 12, 1953, and that death occurred at 3 P m., from the causes and on the date stated above.

22a. SIGNATURE <u>Wm. H. Harrison</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>3/17/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
				24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>	

DATE RECD BY LOCAL REG. <u>March 17, 1953</u>		REGISTRAR'S SIGNATURE <u>Minnie Harrison</u> <u>64-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bunch-Brewer Co. Liberty, Mo</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6000
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MAR 31 1954

MAR 24 1954

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 John Lombarey

Licensed Embalmer No. 4448

P. O. Address 2 Cherry St.

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.