

No. 300-10-48

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11522**

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 105 Bell Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 105 Bell Street		d. STREET ADDRESS (If rural, give location) 105 Bell Street	

3. NAME OF DECEASED (Type or Print) HUGHIE	a. (First)	b. (Middle)	c. (Last) MOONEY	4. DATE OF DEATH March 26, 1954
---	------------	-------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 23, 1893	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
--------------------	-------------------------------	---	---------------------------------------	---	-------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Mining	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	---

13a. FATHER'S NAME John Nooney	13b. MOTHER'S MAIDEN NAME Laura Howard	14. NAME OF HUSBAND OR WIFE Hazel B. Neeney
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-01-9111	17. INFORMANT'S SIGNATURE OR NAME Hazel Nooney, 105 Bell St., Ex. Springs, Mo.	ADDRESS
--	--	---	---------

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, asphyxia, 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) Metastatic Ca of Lung	DUE TO (b) Primary not known at this time		?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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 163X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 19 Mar, 1954, to 26 Mar, 1954, that I last saw the deceased alive on 26 Mar, 1954, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George E. Sanders M.D.	23b. ADDRESS Excelsior Springs, Mo	23c. DATE SIGNED 26 Mar 54
--	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-29-54	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 4/1/54	REGISTRAR'S SIGNATURE Caroline Hutchings	FUNERAL DIRECTOR'S SIGNATURE Claude Richard	ADDRESS Excelsior Springs Mo.
--	---	--	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1955

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
MEMPHIS, TENNESSEE
CERTIFICATE OF DEATH
No. 100-100-100-100
Name of Deceased
Date of Death
Place of Death
Cause of Death
Manner of Death
Age at Death
Sex
Race
Color
Marital Status
Occupation
Education
Religion
Usual Residence
Usual Place of Birth
Usual Place of Death
Usual Place of Burial
Usual Place of Interment
Usual Place of Residence at Time of Death
Usual Place of Residence at Time of Burial
Usual Place of Residence at Time of Interment
Usual Place of Residence at Time of Death
Usual Place of Residence at Time of Burial
Usual Place of Residence at Time of Interment

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: *Amelia T. Jackson*

Licensed Embalmer No. *4589*

P. O. Address: *Evolution Springs*

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.