

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41895**

FILED DEC 27 1954

BIRTH NO.		REG. DIST. NO. 272	PRIMARY REG. DIST. NO. 6812	Registrar's No. 40
1. PLACE OF DEATH a. COUNTY Deming		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Deming		
b. CITY (If outside corporate limits, write RURAL and give township) Steele		c. LENGTH OF STAY (in this place) 4 1/2 days 23 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Steele Va township
d. FULL NAME OF HOSPITAL OR INSTITUTION Virginia Tech		d. STREET ADDRESS (If rural, give location) Route 2 0780		
3. NAME OF DECEASED (Type or Print) a. (First) Grady b. (Middle) Lloyd c. (Last) Mooney		4. DATE OF DEATH (Month) (Day) (Year) 12-7-54		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-20-1904	9. AGE (In years last birthday) 50 IF UNDER 1 YEAR 9 MONTHS 10 DAYS 10 HOURS 15 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Lexington Tenn	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J.B. Mooney		13b. MOTHER'S MAIDEN NAME Emma Jones	14. NAME OF HUSBAND OR WIFE Willie Mae Mooney	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Willie M Mooney Steele Mo 912	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary T-B. (Lung) ANTECEDENT CAUSES Morbid 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.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 002X			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 10-15 , 1954, to 12-7 , 1954, that I last saw the deceased alive on 12-7 , 1954 and that death occurred at 3:30 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE J.P. Chapman M.D.		23b. ADDRESS Steele Mo		23c. DATE SIGNED 12-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-8-54	24c. NAME OF CEMETERY OR CREMATORY Mt Zion	24d. LOCATION (City, town, or county) (State) Steele Mo	
DATE REC'D BY LOCAL REG. 12-8-54	REGISTRAR'S SIGNATURE J.P. Chapman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Remon and Co. Steele Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

780
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12-292-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 22 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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.