

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12503

State File No. ....

FILED APR 25 1955

BIRTH NO. 24134-55 REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 07431

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY OR TOWN <u>VENONA R-1</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0050</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>7 MILES SOUTH OF VENONA, MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>MOOMAW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 2-1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>APRIL 2-1955</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u> Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>LAWRENCE COUNTY MO</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Philip Moomaw</u>	13b. MOTHER'S MAIDEN NAME <u>Lela Fellows</u>	14. NAME OF HUSBAND OR WIFE <u>Infant</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Philip Moomaw</u> ADDRESS <u>Venona R-1</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature delivery</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>776 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Apr 2, 1955, to Apr 2, 1955, that I last saw the deceased alive on Apr 2, 1955, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Amel... M.D.</u> (Degree or title)	23b. ADDRESS <u>315 W. Madison</u>	23c. DATE SIGNED <u>Apr 8/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carlton</u>	24d. LOCATION (City, town, or county) (State) <u>Venona R-1 Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-16-1955</u>	REGISTRAR'S SIGNATURE <u>Oran Mc Natt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley L. Marsh</u> ADDRESS <u>Aurora, Mo</u>
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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 Myself, Student Embalmer No. \_\_\_\_\_, working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... Oliver L. Marsh

Licensed Embalmer No. 3812

P. O. Address Denver

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.