THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16831

FILED JUN 12 1956

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBB CITY
c. LENGTH OF STAY (in this place): 16 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 704 NORTH LIBERTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN: WEBB CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 704 NORTH LIBERTY

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): MOON

4. DATE OF DEATH (Month) (Day) (Year): JUNE 3 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEBRUARY 17, 1898
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 3, Days 17 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: WEAVER
11. BIRTHPLACE (City and State or Foreign Country): VERNON COUNTY, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: JAMES J MOON
13b. MOTHER'S MAIDEN NAME: ARMILDA MOON
14. NAME OF HUSBAND OR WIFE: ELSIE V MOON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: ELSIE V. MOON — ADDRESS: WEBB CITY, MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition & Debilitation — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis — 1 year
DUE TO (c) Primary Carcinoma of Bladder & Prostate — 5 years

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: 1998
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1951, *to* 6-3-1956, *that I last saw the deceased alive on* 6-3, 1956, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W Gregory (Degree or title) DO
23b. ADDRESS: Webb City Mo
23c. DATE SIGNED: 6/6/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6/7/1956
24c. NAME OF CEMETERY OR CREMATORY: MT HOPE CEMETERY
24d. LOCATION (City, town, or county) (State): WEBB CITY, MO

DATE REC'D BY LOCAL REG.: 6-9-56
REGISTRAR'S SIGNATURE: John Lewis (by Rg)
25. FUNERAL DIRECTOR'S SIGNATURE: HEDGE-LEWIS FUNERAL HOME — ADDRESS: WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

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

74-0

Date Filed JUN 11 1956

County Clerk

JUL 20 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4564

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.