

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17471

State File No.

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 205

I. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre 0		c. LENGTH OF STAY (In this place) 11 days	c. CITY OR TOWN Bonne Terre
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		e. STREET ADDRESS (If rural, give location) 713 Benham	

3. NAME OF DECEASED (Type or Print) Florence E Moon			4. DATE OF DEATH (Month) (Day) (Year) May 28 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 6/9/1881	9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR Months 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Hazel Run Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME H. M. Bentley	13b. MOTHER'S MAIDEN NAME Martha Horn	14. NAME OF HUSBAND OR WIFE Walter Moon (Dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Hensley, Elvins 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		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon		
	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. arteriosclerotic heart disease		3 yrs. plus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153x	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 2/2, 1955, to 5/28, 1956, that I last saw the deceased alive on 5/28/56, 1956, and that death occurred at 10:08pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack W. Miller MD	23b. ADDRESS Bonne Terre, Missouri	23c. DATE SIGNED 5/29/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/31/56	24c. NAME OF CEMETERY OR CREMATORY Marvin Chapel
24d. LOCATION (City, town, or county) (State) St. Francois Co., Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyer - Benham Bonne Terre, Mo.	
DATE REC'D BY LOCAL REG. 5-29-56	REGISTRAR'S SIGNATURE Esther Rudloff	

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.....
Signature of Student Embalmer

Signed..... *C. J. Bayne*

Licensed Embalmer No. *167*

P. O. Address *Des Moines*

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