

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19663

State File No. ....

654

BIRTH NO. 455-56 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY OR TOWN <b>St. Joseph</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. Thompson-Brumm-Knepper Clinic</b>				e. STREET ADDRESS (If rural, give location) <b>110 So. 12th Street</b> <span style="float: right;">01170</span>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Johnny</b>			b. (Middle) <b>Ray</b>		c. (Last) <b>Mooney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 9, 1956</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>Jan. 11, 1956</b>		9. AGE (in years last birthday) <b>4</b>	IF UNDER 1 YEAR Months <b>4</b>	
IF UNDER 24 HRS. Days <b>28</b>	IF UNDER 24 HRS. Hours <b>28</b>	IF UNDER 24 HRS. Min. <b>28</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>				10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>John Earl Mooney</b>			13b. MOTHER'S MAIDEN NAME <b>Patrica Ann Head</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. John Mooney, 110 S. 12th, St. Joseph, Mo.</b>				
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) <b>Dehydration</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Infantile diarrhea</b> DUE TO (c) <b>Signed as an unattended</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>death in the city of St. Joseph</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>5710</b>				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) (m.)		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 <b>6-9, 1956</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:30 a. m.</b> , from the causes and on the date stated above. <span style="float: right;"><i>has never seen</i></span>								
23a. SIGNATURE (Degree or title) <b>Richard L. Mequinn M.D. Assistant City Phys + Surg Bldg 216, City</b>						23c. DATE SIGNED <b>6-12-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>6/11/1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>		24d. LOCATION (City, town, & county) (State) <b>St. Joseph, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>June 19, 1956</b>		REGISTRAR'S SIGNATURE <b>Ethel M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alison Heaton-Bowman</b>		ADDRESS <b>St. Joseph, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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.....  
*Richard D. Collins*

Licensed Embalmer No. *4957*  
*319*  
P. O. Address.....  
*11th St. J...*

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.