

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1956

State File No. **27047**
3279

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| BIRTH NO. | | REG. DIST. NO. 149 | PRIMARY REG. DIST. NO. 1002 | Registrar's No. 3279 |
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) 47 yrs | | e. STREET ADDRESS (If rural, give location) 4712 1/2 E. 24th St. 8349 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital | | 3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) Beth c. (Last) Mooney | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 7-26-56 | | 5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | |
| 8. DATE OF BIRTH 5/9/06 | | 9. AGE (In years last birthday) 50 | | |
| 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) Trenton, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? American | | 13a. FATHER'S NAME Frank Lehman 13b. MOTHER'S MAIDEN NAME Amy Wigle 14. NAME OF HUSBAND OR WIFE Charles Mooney | | |
| 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. 487-10-3754 | | 17. INFORMANT'S SIGNATURE OR NAME Charles S. Mooney ADDRESS 4712 1/2 E. 24th St. K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Coronary Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 yrs. DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs. 4201 |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY | | 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 July 26 , 1956, to July 26 , 1956, that I last saw the deceased alive on July 26 , 1956, and that death occurred at _____ m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE J. M. Mauk (Degree or title) | | 23b. ADDRESS 5745 Blue Ridge K.C. 29th | | 23c. DATE SIGNED 7-26-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | | 24b. DATE JULY 28 1956 | | 24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS |
| 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | | 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BROS CREEK KANSAS CITY, MO. | | |
| DATE REC'D BY LOCAL REG. 7-28-56 | | REGISTRAR'S SIGNATURE Neva Minshall | | |

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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard L. Rogers*.....

Licensed Embalmer No. *495*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.