

Health, Welfare, Public Service, 300-56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED MAR 28 1957

STANDARD CERTIFICATE OF DEATH

7515

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u> <u>0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Monett</u> <u>0551</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Vincent Hosp.</u>			Length of stay in 1b <u>8 Das,</u>			d. STREET ADDRESS (If outside, give location) <u>Plum St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u>Mabel</u> Last <u>Mooney</u>				4. DATE OF DEATH Month <u>3-</u> Day <u>18-</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-17-1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Arkansas City, Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Garland Webb Jones</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Crosby</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>George W. Mooney, Monett, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary disease</u> Conditions, if any, which gave rise to above cause (d), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>24 yrs</u> <u>8 yrs</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>10-5-49</u> to <u>3-18-57</u> and last saw her <u>him</u> alive on <u>3-18-57</u> . Death occurred at <u>2</u> Pm on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) <u>Frank Kern MD</u>				22b. ADDRESS <u>3-19-57 Monett Mo.</u>		22c. DATE SIGNED <u>3-19-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-20-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u>		
24. FUNERAL DIRECTOR <u>Bercer Funeral Home, Monett, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3-22-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u>		

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 357-46

DATE REC. 3-25-57

MAR 29 1957

AUG 21 1957

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 Roy H Mercer

Licensed Embalmer No. 44

P. O. Address Montt, T

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