

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013082

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 95

300
1-57

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo b. COUNTY Jackson Co	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Unity Farm Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton GENL		Length of stay in 1b 5 dds	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES EDWARD MOOMAW			4. DATE OF DEATH Month Day Year 4-14-1959
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-15-1897
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LANDSCAPE-GARDNER		10b. KIND OF BUSINESS OR INDUSTRY Henry Co mo	11. BIRTHPLACE (City and state or country) USA
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JAMES MADISON MOOMAW	13b. MOTHER'S MAIDEN NAME MARIA A. DUNCAN
14. NAME OF HUSBAND OR WIFE MAUDE D MOOMAW		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 558-22-8550
17. INFORMANT Mrs Bob Beckner		Address Clinton mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Pulmonary metastatic Blains DUE TO (c) Lymphosarcoma - small Intestine Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 36 hrs - 5 wks - 6 wks
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15.29	
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 Month, Day, Year 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 12-12-58 to 4-14-59 and last saw him alive on 4-14-59 Death occurred at 3:30pm on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W.D. Bradburn, M.D.	
22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 4/16/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-17-1959	23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD	23d. LOCATION (City, town, or county) (State) Clinton mo
24. FUNERAL DIRECTOR Consolus Clinton mo		25. DATE RECD. BY LOCAL REG. 4-18-59	26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Occur, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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.....



Licensed Embalmer No. 1891

P. O. Address..... Clinton, N.C.

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.