

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 1959

59-034918

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. _____ Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Okl b. COUNTY Tulsa			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington, Galena, Mo		Length of stay in 1b One Day		c. CITY OR TOWN Tulsa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lawrence Middle B Last Moon			4. DATE OF DEATH Month September Day 20 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/16/93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Lindy Products		11. BIRTHPLACE (City and state or country) Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Elmer E Moon			13b. MOTHER'S MAIDEN NAME Josephine Burris			14. NAME OF HUSBAND OR WIFE Leydia Moon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Leydia Moon Tulsa Okla.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion						Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 XXXXX saw the deceased after death and last saw her alive on _____ About 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____							
22. SIGNATURE George Manlove (Degree or title) Deputy Sheriff Stone			22b. ADDRESS Mo			22c. DATE SIGNED 9/20/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/20/59	23c. NAME OF CEMETERY OR CREMATORY Rose Hill		23d. LOCATION (City, town, or county) (State) Tulsa Okla.		
24. FUNERAL DIRECTOR ADDRESS Moore Funeral Home Tulsa, Okla			25. DATE RECD. BY LOCAL REG. Sept. 20-59		26. REGISTRAR'S SIGNATURE Mrs. J. Edna Brossman		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

