

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014904

FILED VS. MAY 16 1960

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 517-A

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 50 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 510 W. Central		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JACOB Middle PERNAL Last MOONEY				4. DATE OF DEATH Month May Day 2, Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/22/1872		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. employeefoundry				10b. KIND OF BUSINESS OR INDUSTRY Stove Company		11. BIRTHPLACE (City and state or country) Christian County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME John W. Mooney				13b. MOTHER'S MAIDEN NAME Elitha Roller				14. NAME OF HUSBAND OR WIFE Nancy E. Mooney (dec)					
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. 491-03-3767		17. INFORMANT Springfield, Missouri. Charles H. Mooney, 959 E. Kingsbury							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Similarity										INTERVAL BETWEEN ONSET AND DEATH			
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 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 4-11-60 to 5-2-60 and last saw him alive on 4-17-60 Death occurred at 4:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>John W. Mooney, M.D.</i>						22b. ADDRESS <i>Springfield, Mo.</i>			22c. DATE SIGNED 5-11-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/5/1960		23c. NAME OF CEMETERY OR CREMATORY Pembina Cemetery		23d. LOCATION (City, town, or county) (State) Christian County, Missouri.							
24. FUNERAL DIRECTOR'S ADDRESS Springfield, Missouri. Ralph Thieme, 1200 Boonville Ave.				25. DATE RECD. BY LOCAL REG. 5-11-60		26. REGISTRAR'S SIGNATURE <i>Ebbin E. Melton</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold F. [Signature]

Licensed Embalmer No. 507
P. O. Address [Signature]

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.