

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035585

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 354 Primary Registration District No. 5875 Registrar's No. 50

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

67.50  
87.50

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED SEP 24 1962</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>OREGON</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>THOMASVILLE</b>		a. STATE <b>MO.</b> b. COUNTY <b>OREGON</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		c. CITY OR TOWN <b>THOMASVILLE</b>	
		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH Month Day Year		
<b>EVERETT CORELL MOONINGHAM</b>			<b>SEPT. 10 1962</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/14/1909</b>	9. AGE (last birthday) <b>52</b>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DISABLED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>MALDEN, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Thos. L. Mooningham</b>		13b. MOTHER'S MAIDEN NAME <b>FLORA B. GREENFIELD</b>		14. NAME OF HUSBAND OR WIFE <b>GLADYS MOONINGHAM</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>GLADYS MOONINGHAM - THOMASVILLE, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Gunshot wound self inflicted</b>					
DUE TO (b) <b>in head and chest.</b>					
DUE TO (c) <b>-</b>					
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 checked="" 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	<b>2:30 P</b>				
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 attended the deceased from _____ to _____ and last saw her/him alive on _____					
Death occurred at <b>2:30 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Lee D. Martin, Coroner</b>			22b. ADDRESS <b>Shayla Mo.</b>		22c. DATE SIGNED <b>9-12-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>9-13-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Huddleston Cem - Oregon County, MO.</b>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>John O. Clary, Atter, MO</b>	ADDRESS		25. DATE RECD. BY LOCAL REG. <b>9-12-62</b>	26. REGISTRAR'S SIGNATURE <b>Kay D. Bladen</b>	

USE BLACK INK OR TYPEWRITER RIBBON

RH.

OCT 12 1962

BURIAL PERMIT OBTAINED 9-12-62 Roy D. Bell

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 John D. Clary  
Licensed Embalmer No. 4475

P. O. Address Box 398, Altan, MD

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.