

STANDARD CERTIFICATE OF DEATH

Wilson 17439
State File No.

FILED JUN 7 1955

336

6128

316

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY SHANNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY SHANNON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EMINENCE Twp		c. LENGTH OF STAY (In this place) 30 yrs		c. CITY OR TOWN EMINENCE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 1010			
3. NAME OF DECEASED (Type or Print) a. (First) SARAH		b. (Middle) ANN		c. (Last) MOON		4. DATE OF DEATH (Month) (Day) (Year) MAY 19-1955	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH Sept. 22-1866	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 7		IF UNDER 24 HRS. Hours 22		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Wm. Larkin		13b. MOTHER'S MAIDEN NAME Julia Haverstick	
14. NAME OF HUSBAND OR WIFE Richard Moon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME LAURA MOON ADDRESS EMINENCE, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age (senility) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H222				INTERVAL BETWEEN ONSET AND DEATH Months	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 3-8-1953 , to 5-19-1955 , that I last saw the deceased alive on 5-19-1955 , and that death occurred at 2:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Andrus F. Wilson (Degree or title) _____				23b. ADDRESS EMINENCE Twp		23c. DATE SIGNED 5-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE MAY 21-55		24c. NAME OF CEMETERY OR CREMATORY New		24d. LOCATION (City, town, or county) (State) EMINENCE, Mo.	
DATE REC'D BY LOCAL REG June 6 1955		REGISTRAR'S SIGNATURE Mald. Green 447-		25. FUNERAL DIRECTOR'S SIGNATURE DUNCAN'S Mt. View, Mo. ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 *Joe S. Luman*.....
Licensed Embalmer No. *432*.....

P. O. Address *St. Louis*.....

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.