S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33029

Registration District No. 67 Primary Registration District No. 5965 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Oldfield Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sparta Twp Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Oldfield Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location) Sparta Twp

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Tom Moody

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Moody 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April (Month) 24 (Day) 1892 (Year)

8. AGE: Years 54 Months 4 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Christian (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Wm M. Moody
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine McCulloch
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Lula Moody
(b) Address Oldfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12 46 (Month) (Day) (Year)

(c) Place: burial or cremation old Boston Cemetery

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.

19. (a) Oct 28-46 (Date received local registrar) (b) Lillie Barr (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 10th year 1946 hour 9 minute 2 M.

21. I hereby certify that I attended the deceased from Aug 10, 1946 to Sept 10, 1946 that I last saw him alive on Aug 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 18 min

Due to Angina Pectoris
Had several attacks past 3 mo.

Due to unknown

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

94 A

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
(Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature R. R. Fielding (M. D. ~~or other~~)

Address Ozark Mo. Date signed Sept 10 46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1146-1149
Date Filed NOV 6 1946

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Mo

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 this body is not embalmed, fact should be so stated above.