

FILED AUG 8 1949

STANDARD CERTIFICATE OF DEATH

23988

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 5655 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>McVernon Rural</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>McVernon (Rural)</u>	
c. LENGTH OF STAY (in this place) <u>3</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carl</u>	b. (Middle) <u>Austen</u>	c. (Last) <u>Moody</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 28-1924</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>1</u> Days _____	IF UNDER 48 Hrs. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>	10b. KIND OF BUSINESS, OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Moody</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Angeline Cooke</u>	14. NAME OF HUSBAND OR WIFE <u>George Moody</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give year or dates of service) <u>Nov 1944 #2</u>	16. SOCIAL SECURITY NO. <u>494-20-4572</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Factor George Moody</u>	ADDRESS <u>McVernon</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause(s). <u>He was</u> DUE TO (b) <u>Car Truck - collision</u> DUE TO (c) <u>Driver of - Car.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Compound fracture of</u>			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>main of McVernon</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>McVernon So. Lawrence Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 29 1949 3:00 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Truck collision</u>
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22. I hereby certify that I attended the deceased from after death, 1949, that I last saw the deceased after death 7/29, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sherman D. Durrige, Coroner</u>	23b. ADDRESS <u>Marionville Mo</u>	23c. DATE SIGNED <u>7/29/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Goss Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Phelps, Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-1-49</u>	REGISTRAR'S SIGNATURE <u>Cecil Handrup</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George B Orr</u>	ADDRESS <u>McVernon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22 1949

NOV 22 1949

RECEIVED AUG 3 1949
District Health Office No. 6,
District File Number 849-885
Date Filed 8-3-49

SEP 17 1949

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
Student Embalmer

Signed George B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon W

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.