

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31461

State File No. _____

FILED OCT 2 1950

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Martha</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Moody</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>9/21/50</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10/12/1863</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gentry County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Richard Harmon</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Garr</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O.R. Harmon</u>	ADDRESS <u>Salina Kansas</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general weakness and being bed fast</u> DUE TO (c) <u>mildly insane for years</u>		<u>572X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1945 to Sept 21, 1950, that I last saw the deceased alive on Sept 19, 1950, and that death occurred at 10: P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ruth Seewers M.D.</u>	23b. ADDRESS <u>Osceola Mo</u>	23c. DATE SIGNED <u>9-24-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/24/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lowry City</u>	24d. LOCATION (City, town, or county) (State) <u>Lowry City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/24/50</u>	REGISTRAR'S SIGNATURE <u>Ruth Seewers</u> <u>288</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. ...</u>	ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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0961 E 4M
RECEIVED 9-30-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-30-50

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 J.B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.