

FILED MAY 21 1951

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Vail
State File No. 16206
Registrar's No. 443

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place) 25 Yrs.		d. STREET ADDRESS (If rural, give location) 1642 E. Catalpa	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1642 E. Catalpa			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) W. c. (Last) Moody			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March, 25, 1888		9. AGE (In years last birthday) 63 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 YEAR: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life) Moody Investment Company		10b. KIND OF BUSINESS OR INDUSTRY Company		11. BIRTHPLACE (State or foreign country) Pierce City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Oscar Moody		13b. MOTHER'S MAIDEN NAME Dora Pruitt		14. NAME OF HUSBAND OR WIFE Laura O. Moody	
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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) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Laura O. Moody Springfield, Mo	
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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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension			4 hrs	
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 331x	
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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 **1946, 19**, to **5-14 1951**, that I last saw the deceased alive on **5-14, 1951**, and that death occurred at **4:45 a.m.** from the causes and on the date stated above.

23a. SIGNATURE Ad Vail Mrs (Degree or title)		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 5/15/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/17/51		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
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DATE REC'D BY LOCAL REG. 5-17-51		REGISTRAR'S SIGNATURE W.E. Haudby wd III		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5396

1967 87 70F

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Frederic J. Guadalupe*.....

Licensed Embalmer No. *4815*.....

P. O. Address *Springfield*.....

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.