

STANDARD CERTIFICATE OF DEATH

State File No. _____

9059

FILED APR 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5715</u>		Registrar's No. <u>32</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Hudson</u>		c. LENGTH OF STAY (in this place) <u>13 yrs.</u>		a. STATE <u>Mo.</u>			
b. COUNTY <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Elmer, Mo. 0610</u>		d. STREET ADDRESS (If rural, give location)					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeview Rest Home</u>									
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) <u>Harris</u>		b. (Middle)		c. (Last) <u>Moody</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 1, 1952</u>			
(Type or Print)									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Unknown</u>			
9. AGE (in years last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>sheep herder</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jas. S. Emyart</u>			ADDRESS <u>Macon, Mo.</u>	
18. CAUSE OF DEATH			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</u>				<u>2 days</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES						
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
			DUE TO (b) <u>Senile Debility</u>						
			DUE TO (c) <u>Chronic Myocarditis</u>						
			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"/>					
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) <u>492X</u>					
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 <u>3/1</u> , 19 <u>52</u> , to <u>3/1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/1</u> , 19 <u>52</u> , and that death occurred at <u>2:35 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <u>[Signature]</u>				23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>3/8/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/28/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Macon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0610
4

RECEIVED
MASON COUNTY HEALTH DEPARTMENT
County File No. 4,452
Date Filed 4,5152

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 Thos. J. Bell

Licensed Embalmer No. 4552

P. O. Address Macon, 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.