

FILED APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13036

BIRTH NO. 8480 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1442

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Carthage</b>	
c. LENGTH OF STAY (in this place) <b>30da</b>		d. STREET ADDRESS (If rural, give location) <b>R# 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Childrens Mercy Hospital</b>			

3. NAME OF DECEASED (Type or Print), <b>Barbara Ann Moudy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 27 1952</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married!</b>	8. DATE OF BIRTH <b>Feb 25 1952</b>		9. AGE (In years last birthday) <b>31</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>	11. BIRTHPLACE (State or foreign country) <b>R# 2 Carthage MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Morris Moudy</b>		13b. MOTHER'S MAIDEN NAME <b>Flida Killman</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Gather Morris Moudy R# 2</b>	
				ADDRESS <b>Carthage MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Meningitis.</b>		DUE TO (b) <b>Meningococci (Ulceration) (congenital)</b>			<b>751X</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **Feb 26**, 1952, to **March 27, 1952**, that I last saw the deceased alive on **March 27, 1952**, and that death occurred at **6:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. M. Galkov MD</b>		23b. ADDRESS <b>1624 Prof Bldg</b>		23c. DATE SIGNED	
24a. BURIAL CREMATION (REMOVAL) <b>BURIAL</b>		24b. DATE <b>MAR. 27-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SPARKS CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>CASSVILLE MISSOURI</b>	

DATE REC'D BY LOCAL REG. <b>3-28-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcomer</b>	
				ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Gr 5250

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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 Basil Honey.....

Licensed Embalmer No. 4724.....

P. O. Address Lashland, 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.