5. No. 300
. 10.48

FILED SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29044

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5992 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY: PUTNAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILLE Lincoln
c. LENGTH OF STAY (In this place): 3 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PUTNAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILLE 0860
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): FORGY
c. (Last): MOODY

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 6 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: SEPT. 27 1868
9. AGE (In years last birthday): 83 — If under 1 year: Months 10, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM TENANT RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): WOODHALL ILLINOIS ✓
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EATON MOODY
13b. MOTHER'S MAIDEN NAME: LUCELLA LEE
14. NAME OF HUSBAND OR WIFE: MAUDE MOODY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Olive Sanders — **ADDRESS**: Bonne Spring Route

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile debility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 6, 1952 *to* Aug 6, 1952, *that I last saw the deceased alive on* Aug 6, 1952 *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas L. Judd D.O.
23b. ADDRESS: Unionville Mo
23c. DATE SIGNED: 8/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 8 1952
24c. NAME OF CEMETERY OR CREMATORY: WEST OAKWOOD CEMETERY
24d. LOCATION (City, town, or county) (State): BEVIER MISSOURI

DATE REC'D BY LOCAL REG.: 9-4-52
REGISTRAR'S SIGNATURE: Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE: COMSTOCK FUNERAL HOME BY J.W. Comstock
ADDRESS: UNIONVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

0860 1

2 0

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

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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.