

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37587**

No. 300
10.48

FILED NOV 18 1952

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 4026 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>	c. LENGTH OF STAY (In this place) <u>11 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u> <u>8-050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Purdy, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>Purdy, Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>Pinkney</u>	c. (Last) <u>Moody</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 24, 1879</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	IF UNDER 18 Mos. <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Emp.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Woolsey, Arkansas</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Thomas Moody</u>	13b. MOTHER'S MAIDEN NAME <u>Charity Melvina Purser</u>	14. NAME OF HUSBAND OR WIFE <u>Flora Moody</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Noel Moody</u> ADDRESS <u>Purdy, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>20 MIN</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4201</u>	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)
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 July 13, 1952, to Nov 5, 1952, that I last saw the deceased alive on Nov 5, 1952, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>J.D. Baldwin</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Purdy, Mo.</u>	22c. DATE SIGNED <u>11-5-52</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-5-52</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Fayetteville, Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 12-1952</u>	REGISTRAR'S SIGNATURE <u>Oliver R. Armstrong</u>	465-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nelson Funeral Home</u> ADDRESS <u>Fayetteville, Ark.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

B. R. Nelson

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *B. R. Nelson by Dan.*

Licensed Embalmer No. *2463*

P. O. Address *Fayetteville, Ark.*

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.