

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

BIRTH NO. _____		REG. DIST. NO. <u>399</u>		PRIMARY REG. DIST. NO. <u>4553</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mansfield</u>		c. LENGTH OF STAY (In this place) <u>12</u>		c. CITY OR TOWN <u>Mansfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - Mansfield</u>				e. STREET ADDRESS (If rural, give location) <u>Mansfield</u>			
3. NAME OF DECEASED (Type or Print) <u>Lewis</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Moody</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31 1954</u>	
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>11-1-1879</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR: Months <u>1</u> Days <u>30</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State, or Foreign Country) <u>Wright Co.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Moody</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>Retta</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		(If yes, give war or dates of service) <u>Spanish - Amer.</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Zimmerman</u> ADDRESS <u>Mansfield</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>							
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"/>	
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>4201</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>Dec 31</u> 19 <u>54</u> , to <u>Dec 31</u> 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 31</u> 19 <u>54</u> , and that death occurred at <u>9</u> <u>A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W.D. Zimmerman</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Mansfield Mo</u>		23c. DATE SIGNED <u>1/12/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 4, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wolf Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/2/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Simpson</u>		ADDRESS <u>Hartsville, Mo</u>	

RECEIVED FEB 5 1955
WRIGHT CO. HEALTH DEPT.
County File Number 255-17
Date Filed 2-5-55

MAY 2 1955

MAY 17 1955

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4594

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.