

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1956

State File No. **8151**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **308**

1. PLACE OF DEATH a. COUNTY Bushkawan.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph	c. LENGTH OF STAY (in this place) 3 yrs 9 days	c. CITY OR TOWN Rockport.	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2.		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) ISAC b. (Middle) NEWTON c. (Last) MOODY			4. DATE OF DEATH (Month) (Day) (Year) 3-18-1956		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced.	8. DATE OF BIRTH 3-14-1879.	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR: Months 0 Days 4	IF UNDER 24 HRS: Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common laborer	10b. KIND OF BUSINESS OR INDUSTRY Common laborer	11. BIRTHPLACE (City and State or Foreign Country) Stewartsville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Isaac Newton Moody	13b. MOTHER'S MAIDEN NAME Mary Jane Craice.	14. NAME OF HUSBAND OR WIFE Not given
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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) No.	16. SOCIAL SECURITY NO. 304-01-5539.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lois Bruce Moody - Rockport, Missouri	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Saivility with dementia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH on admission
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from **4-14-1955**, to **2-18-1956**, that I last saw the deceased alive on **3-18-1956**, and that death occurred at **112 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Farnest Thomas, M.D.	23b. ADDRESS State Hospital No. 2, St. Joseph, Mo.	23c. DATE SIGNED 3/8/1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/19/1956	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Rockport, Missouri
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DATE REC'D BY LOCAL REG. Mar 20, 1956	REGISTRAR'S SIGNATURE Kathern M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton Bowman - St Joseph, Mo
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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.....
Signature of Student Embalmer

Signed *J. Eugene Wood*

Licensed Embalmer No. *3807*

P. O. Address *314 So 10th St*

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.