

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9765**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. CITY OR TOWN Macon	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 yrs.		e. STREET ADDRESS (If rural, give location) 811 North Ruby 06110	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Nicholas b. (Middle) Mercer c. (Last) Moody	4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1956
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 12, 1864	9. AGE (In years last birthday) 91	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farm Loans	11. BIRTHPLACE (City and State or Foreign Country) Macon County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farm Loans		10b. KIND OF BUSINESS OR INDUSTRY banking		11. BIRTHPLACE (City and State or Foreign Country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Thomas Moody	13b. MOTHER'S MAIDEN NAME Eli^za Wright	14. NAME OF HUSBAND OR WIFE Mrs. Grace Daugherty, Macon, Mo
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Grace Daugherty, Macon, Mo

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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural infirmities of old age		
ANTECEDENT CAUSES		DUE TO (b)	
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 794X	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)

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 **Nov**, 19**54**, to **Feb 10**, 19**56**, that I last saw the deceased alive on **Feb 10**, 19**56**, and that death occurred at **7 p m.**, from the causes and on the date stated above.

23a. SIGNATURE Howard M. Neely MD	(Degree or title)	23b. ADDRESS Macon	23c. DATE SIGNED 7/13/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/26/1956	24c. NAME OF CEMETERY OR CREMATORY Oakwood	24d. LOCATION (City, town, or county) (State) Macon, Missouri
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DATE REC'D BY LOCAL REG. 3/1/56	REGISTRAR'S SIGNATURE Howard M. Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. L. Bran Macon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1850

RECEIVED 3.13.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.56.40
Date Filed 3.14.56

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 *Howard F Myers*
Licensed Embalmer No. *44*

P. O. Address *Macon*

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.