

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

FILED MAY 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12221

State File No. _____
Registrar's No. **122**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 5000		Registrar's No. 122	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural, Kirksville		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Kirksville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION at farm home				STREET ADDRESS (If rural, give location) R. F. D.			
3. NAME OF DECEASED (Type or Print) a. (First) Martha		b. (Middle) Lou		c. (Last) Moots		4. DATE OF DEATH (Month) (Day) (Year) Apr. 27, 1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 14, 1954		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and State or Foreign Country) Kirksville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas F. Moots		13b. MOTHER'S MAIDEN NAME Doris Lucile Fortney		14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas F. Moots, Kirksville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusion of Brain				INTERVAL BETWEEN ONSET AND DEATH Instant			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accident, Truck wheel ran over DUE TO (c) Body.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				8300			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) R. F. D. Kirksville 00 Adair Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) A pr. 27, 1956 1:20		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck Wheel ran over Head.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:20 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Sheriff (Degree or title) Acting Coroner, Adair Co.				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 4/27/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/29/56		24c. NAME OF CEMETERY OR CREMATORY Refuge Cemetery		24d. LOCATION (City, town, or county) (State) Adair County, Mo.	
DATE REC'D BY LOCAL REG. 4-30-56		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirksville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 *George W. Davis*.....

Licensed Embalmer No. *47*

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.