

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2145

FILED FEB 4 1957

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital 40 yrs.			Length of stay in 1b 40 yrs.		d. STREET ADDRESS (If outside, give location) 810 E. 17th
3. NAME OF DECEASED (Type or print) First ROBERT Middle RAY Last MOODY			4. DATE OF DEATH Month 1 Day 25 Year 57		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/26/97	9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Factory		11. BIRTHPLACE (City and state or country) Cawood, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Isaac E. Moody		
14. MOTHER'S MAIDEN NAME Catherine Benefield			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.			17. INFORMANT C. D. Moody, Maryville, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2° & 3° Burns, trunk, upper extremities, neck & face					INTERVAL BETWEEN ONSET AND DEATH 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					9160
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 16 Chc. ulcer - kept arteria lga					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Clothes caught fire from gas stove -			
20c. TIME OF INJURY Hour 1 a. m. 1-24-57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home - Trailer home		20f. CITY, TOWN, OR LOCATION MARYVILLE Nodaway Mo	
21. I attended the deceased from Jan 24, 1957 to Jan. 25, 1957 and last saw him him alive on Jan 25, 1957 Death occurred at 8:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>			22b. ADDRESS M. D. Maryville, Missouri		22c. DATE SIGNED 1-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/28/57	23c. NAME OF CEMETERY OR CREMATORY Oak Hill		23d. LOCATION (City, town, or county) (State) Maryville Mo.
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo			25. DATE RECD. BY LOCAL REG. 2-2 57		26. REGISTRAR'S SIGNATURE Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner must certify to a death due to natural causes. Diseases in Part I must be causally related. Doctor, coroner, etc., must not certify to a death due to natural causes.

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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Curtis C. Bensley*
Licensed Embalmer No. *49*

P. O. Address *Maryland*

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

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.