

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31465**

| | | | | | | | |
|---|--|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>865-A</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (In this place) <u>24 hrs</u> | | c. CITY OR TOWN <u>X Cedar Gap</u> | | d. Is Residence within limits of a city or incorporated town? Yes <u>X</u> No <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>- X</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>(Baby Boy) Moody</u> | | | b. (Middle) _____ | | | c. (Last) _____ | |
| 4. DATE OF DEATH <u>9-2-1957</u> | | | | 5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> | | | |
| 7. MARRIED <u>NEVER MARRIED</u> WIDOWED <u>0</u> DIVORCED <u>0</u> (Specify) | | 8. DATE OF BIRTH <u>9-1-1957</u> | | 9. AGE (In years last birthday) <u>0</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>24</u> Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>No</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Carl Moody</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Helen Barlow</u> | | | 14. NAME OF HUSBAND OR WIFE <u>No</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Carl Moody Cedar Gap, Missouri</u> ADDRESS _____ | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity + Congenital Abnormalities 1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input 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) (Min.) _____ | |
| 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>9-1</u> , 19 <u>57</u> , to <u>9-2</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>9-2</u> , 19 <u>57</u> , and that death occurred at <u>1:17 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Paul Beane</u> | | | | 23b. ADDRESS <u>Rt. 2, 207 Professional Bldg. Springfield, Mo.</u> | | 23c. DATE SIGNED <u>9/3/57</u> | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-3-1957</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Seymour, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>10-7-57</u> | | REGISTRAR'S SIGNATURE <u>Clara Williams</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Carroll</u> ADDRESS <u>Seymour, Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

This Body was Not Emblamed

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.....

P. O. Address.....

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.