t. Health,
, & Welfare
S. Public
lth Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47129
STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 45-53 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mansfield — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in 1b Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Wright
c. CITY OR TOWN Mansfield — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First Minnie Middle Elizabeth Last Moody
4. DATE OF DEATH Month 12 Day 19 Year 57
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 1895
9. AGE (In years last birthday) 62
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Wright County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME W. M. Findley
14. MOTHER'S MAIDEN NAME Mary Hayes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Marion A. Moody Address Mansfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma uterus + anemia — INTERVAL BETWEEN ONSET AND DEATH Upon
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 174X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Dec 12-57 to Dec 19-57 and last saw her alive on Dec 16-57
Death occurred at 5:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE W. A. Zimmerman (Degree or title) DO 2
22b. ADDRESS Mansfield Mo
22c. DATE SIGNED 1/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-22-57
23c. NAME OF CEMETERY OR CREMATORY Ashley
23d. LOCATION (City, town, or county) (State) Wright County Mo.
24. FUNERAL DIRECTOR Max L. Miller ADDRESS Mansfield Mo.
25. DATE RECD. BY LOCAL REG. Jan. 2/1958
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

1-6-58
HEALTH DEPT.
County File Number 158-3
Date Filed 1-6-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4 7

P. O. Address Mansfield

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