

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042538

FILED VS NOV 21 1960

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 203

STATE FILE NUMBER

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jasper |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Mineral Twn.       |  | Length of stay in 1b<br>17 Days   | c. CITY OR TOWN Joplin  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Elmhurst |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>201 North Pearl                      |
|   |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Jessie E. Moody | 4. DATE OF DEATH<br>Month Day Year<br>November 17 1960 |
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|                  |                           |   |                                 |                              |   |                |
|------------------|---------------------------|---|---------------------------------|------------------------------|---|----------------|
| 5. SEX<br>Female | 6. COLOR OR RACE<br>White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>Mar 22 1868 | 9. AGE (last birthday)<br>92 | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR |
|------------------|---------------------------|---|---------------------------------|------------------------------|---|----------------|

|  |   |   |                                      |
|--|---|---|--------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife | 10b. KIND OF BUSINESS OR INDUSTRY<br>Domestic | 11. BIRTHPLACE (City and state or country)<br>Jerseyville, Ill. | 12. CITIZEN OF WHAT COUNTRY<br>U S A |
|--|---|---|--------------------------------------|

|                                 |  |  |
|---------------------------------|--|--|
| 13a. FATHER'S NAME<br>No record | 13b. MOTHER'S MAIDEN NAME<br>No Record | 14. NAME OF HUSBAND OR WIFE<br>Harry E. (Deceased) |
|---------------------------------|--|--|

|  |                                  |   |
|--|----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No | 16. SOCIAL SECURITY NO.<br>----- | 17. INFORMANT<br>Harry Hazell, Joplin, Missouri |
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|  |  |                                  |
|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Cerebral mibolus</u>  |  | 10 mos                           |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>Gen. arteriosclerosis.</u> | 10 yrs.                          |
|  | DUE TO (c)                               |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Cerebral arteriosclerosis</u> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input 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.) |
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|---|
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year |
|---|

|  |  |  |
|--|--|--|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE |
|--|--|--|

21. I attended the deceased from 4-5-60 to 11-17-60 and last saw her <sup>her</sup> ~~you~~ alive on 11-17-60  
Death occurred at 7:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |   |                              |
|---|---|------------------------------|
| 22a. SIGNATURE<br><u>See Seese M.D.</u> (Degree or title) | 22b. ADDRESS<br>2509 Jackson, Joplin, Mo. | 22c. DATE SIGNED<br>11-17-60 |
|---|---|------------------------------|

|   |                            |   |   |
|---|----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 23b. DATE<br>Nov. 19, 1960 | 23c. NAME OF CEMETERY OR CREMATORY<br>Ozark Memorial Park | 23d. LOCATION (City, town, or county) (State)<br>Joplin, Missouri |
|---|----------------------------|---|---|

|   |                        |  |   |
|---|------------------------|--|---|
| 24. FUNERAL DIRECTOR<br>Hurlbut-Glover Mortuary | ADDRESS<br>Joplin, Mo. | 25. DATE RECD. BY LOCAL REG.<br>11-18-60 | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Madeline Switzer</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 6 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Dale Geo

Licensed Embalmer No. 4593

P. O. Address Joplin, Missouri

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.