

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19303

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived; institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierrre City, MO</u>	
c. LENGTH OF STAY (In this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>Elm St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>MOODY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 - 52</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 21-1889</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Stourme CO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Oscar Moody</u>		13b. MOTHER'S MAIDEN NAME <u>Hora Priest</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma Moody</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Moody</u> ADDRESS <u>Pierrre City, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				<u>3 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <u>Arterio-sclerotic Cardio renal disease</u>		<u>10 yrs</u>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 Jan 14, 1950, to June 20, 1952, that I last saw the deceased alive on June 20, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u>		23b. ADDRESS <u>Pierrre City, MO</u>		23c. DATE SIGNED <u>6-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>city</u>	
				24d. LOCATION (City, town, or county) (State) <u>Pierrre City, MO</u>	
DATE REC'D BY LOCAL REG. <u>June 24-1952</u>		REGISTRAR'S SIGNATURE <u>Oliver C. W...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bros Pierrre City, MO</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 30 1932

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 \_\_\_\_\_

*Edwin P Wilks*

working under my personal supervision.

Student Embalmer No. ....

Signed

*Edwin P Wilks*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4134*

P. O. Address *Beira City, W*

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 this body is not embalmed, fact should be so stated above.