

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37481

State File No.

FILED NOV 10 1952

BIRTH NO. 48014 REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 64

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

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>MO</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write BURIAL and give townships) OR TOWN <u>Mtn Grove Rural</u>		c. CITY (If outside corporate limits, write BURIAL and give townships) OR TOWN <u>Mtn Grove, Rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1141</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Verna</u> b. (Middle) <u>Leann</u> c. (Last) <u>Moody</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14-1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>July 28, 1952</u>
9. AGE (In years, last birthday) <u>2</u> 1/2		10. MONTHS <u>16</u>	11. IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>Mtn Grove, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>Vernon D. Moody</u>		13b. MOTHER'S MAIDEN NAME <u>Doris James</u>	14. NAME OF HUSBAND OR WIFE <u>Child</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vernon D. Moody</u> ADDRESS <u>Mtn Grove</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</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.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Strangulated Hernia</u>	
DUE TO (c)		24 hrs.	
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>5615</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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>7-28, 1952</u> to <u>10-14, 1952</u> , that I last saw the deceased alive on <u>10-14, 1952</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. C. Craig, D.O.</u> (Degree or title)		23b. ADDRESS <u>Mountain Grove Mo</u>	23c. DATE SIGNED <u>10-17-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 17, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinities</u>	24d. LOCATION (City, town, or county) (State) <u>Dawson MO.</u>
DATE REC'D BY LOCAL REG. <u>10-20-52</u>	REGISTRAR'S SIGNATURE <u>A. C. Jones</u>	343 - 0	25. FEDERAL DIRECTOR'S SIGNATURE <u>Grable-Windle</u> ADDRESS <u>Mtn Grove MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRIGHT CO. HEALTH DEPT.
County File Number 1102-124
Date Filed 11-8-52

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
Student Embalmer

Signed Frank Grable

Licensed Embalmer No. 4140

P. O. Address Wm. Brown, Mo.

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.