

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38332

State File No.

No. 300

10. 48

REC'D DEC 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1103</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. <u>MISSOURI</u> b. <u>CHRISTIAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL, OLDFIELD</u>		<u>02 20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS & GLENSTONE</u>				d. STREET ADDRESS (If rural, give location) <u>OLDFIELD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVA</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>MOODY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 10, 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 7, 1926</u>		9. AGE (In years last birthday) <u>26</u> 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)		10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Shop</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OLDFIELD, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CYRUS MOODY</u>		13b. MOTHER'S MAIDEN NAME <u>ALLIE COOPER</u>		14. NAME OF HUSBAND OR WIFE <u>BETTY MOODY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. BETTY MOODY OLDFIELD, MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed skull.</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8161</u> <u>26</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>133</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis & Glenstone</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Greene Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-10-1952</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>a Ford Coupe. Collision of tractor-trailor and</u>			
22. I hereby certify that I attended the deceased from <u>6:18</u> to <u>10</u> , that I lost care of the deceased alive on <u>10</u> , and that death occurred at <u>6:30a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. E. Allen Pickens</u> Dr. E. Allen Pickens, Coroner <u>3</u>				23b. ADDRESS <u>407 Medical Arts Building</u>		23c. DATE SIGNED <u>12-12-52</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/13/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD BOSTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR OLDFIELD, MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-12-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. LOHMEYER SPRINGFIELD, MO.</u>			

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

0396
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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

Levin J. Hedley

Licensed Embalmer No. *4815*

P. O. Address *Springfield*

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.