

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39868

State File No.

BIRTHING FILED NOV 18 1953 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <u>Demarest</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demarest</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hays</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Coates</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0-780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u> b. (Middle) <u>Lee</u> c. (Last) <u>Moody</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-53</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>9-27-53</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>7</u> DAY <u>7</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Coates, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James Moody</u>		13b. MOTHER'S MAIDEN NAME <u>Bonnie Taylor</u>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME <u>Bonnie Moody Coates Mo</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>meningitis cerebrospinal</u>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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>mal nutrition</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0570</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 11-1-1953 to 11-4-1953, that I last saw the deceased alive on 11-4-1953, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Casin</u>		(Degree or title)		23b. ADDRESS <u>Caruthersville Mo</u>		23c. DATE SIGNED <u>11-9-53</u>	
24a. MANNER OF CREMATION (Specify) <u>removed</u>		24b. DATE <u>11-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Real</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington Tenn</u>	

DATE REC'D BY LOCAL REG. <u>11-10-53</u>		REGISTRAR'S SIGNATURE <u>John W. Herman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Undert Co Steub Mo</u>		ADDRESS	
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

11-364-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 17 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John H. Gern

Signed.....
Student Embalmer

Licensed Embalmer No. 7355

P. O. Address Wayne, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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