

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21883

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6231-Registrar's No. 108

0907

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

1. PLACE OF DEATH a. COUNTY Vernon Co. Missouri			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Richland Twp.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural RICHLAND TWP.		d. STREET ADDRESS (If rural, give location) 108^o
d. FULL NAME OF HOSPITAL OR INSTITUTION AT FARM HOME-Richland Twp.					
3. NAME OF DECEASED (Type or Print) a. (First) Nora		b. (Middle) Marie	c. (Last) Moody	4. DATE OF DEATH (Month) (Day) (Year) June 24, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/3/1903	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 7 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Edward Henke		13b. MOTHER'S MAIDEN NAME Minnie W. Kase		14. NAME OF HUSBAND OR HER Clarence Wesley Moody	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Husband, Clarence W. Moody, rfd 1 Ft. Scott		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broken neck, Broken right leg below knee, punctured DUE TO (c) Clung. Body badly mangled, when crossing M. K & T rail road track riding tractor and struck II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. riding tractor and struck				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION By Train, death instant			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office bldg., etc.) FARM	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) RICHLAND VERNON MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-24-54 2:20 p.m.	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 8100 108 27. <i>missed</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:20 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Walter D. Thurman, Coroner			23b. ADDRESS Nevada, MO		23c. DATE SIGNED 6-25-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/27/1954	24c. NAME OF CEMETERY OR CREMATORY Enid Memorial Cemetery		24d. LOCATION (City, town, or county) (State) Enid, Oklahoma	
DATE REC'D BY LOCAL REG. 6-25-1954	REGISTRAR'S SIGNATURE Amar E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.A. Cheney--Port Scott, Kansas		

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, Orlando A. Cheney

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Orlando A. Cheney
Orlando A. Cheney
Licensed Embalmer No. 2612

P. O. Address Ft. Scott, Kansas

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.