

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18241

State File No. _____

FILED JUL 5 - 1955

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5445 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Bogle Town.</u> township) c. LENGTH OF STAY (In this place) <u>lifetime</u>		c. CITY OR TOWN <u>A/bany</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North of Albany, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>North of Albany</u> <u>0380</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Nettie</u> c. (Last) <u>Moody</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 10, 1871</u>
9. AGE (In years last birthday) <u>84</u>		f. UNDER 1 YEAR Months <u>2</u>	g. UNDER 24 HRS. Days <u>14</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Henry P. Dills</u> 13b. MOTHER'S MAIDEN NAME <u>Emily Gay</u> 14. NAME OF HUSBAND OR WIFE <u>Whitfield H. Moody</u>	

15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Malcom Moody</u> ADDRESS <u>Albany, Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</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>331X</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) <u>Albany Gentry mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 June 20, 1955, to June 24, 1955, that I last saw the deceased alive on 6-23, 1955, and that death occurred at 8:55 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank A. Rose</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Albany, Mo.</u>	23c. DATE SIGNED <u>6-25-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 27, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Friendship</u> 24d. LOCATION (City, town, or county) (State) <u>Gentry Co. Mo.</u>

DATE REC'D BY LOCAL REG. <u>6-27-55</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Brooks</u> ADDRESS <u>Albany Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1966

JUL 28 1967

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 me..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stuffed Brooks
Licensed Embalmer No. 3329

P. O. Address Albany, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.