

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40117**

No. 300  
10-48

FILED DEC 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>CALIFORNIA</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MALDEN</b>		c. CITY OR TOWN <b>BAKERSFIELD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>60 days</b>		e. STREET ADDRESS (If rural, give location) <b>UNKNOWN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>210 S. DECATOUR</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>NORMAN</b> b. (Middle) <b>FELIX</b> c. (Last) <b>MOODIE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-8-55</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>7-9-1911</b>	9. AGE (In years last birthday) <b>44</b>	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) <b>MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>NORTH DAKOTA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>NORMAN MOODIE</b>	13b. MOTHER'S MAIDEN NAME <b>AGNES UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>HAZEL MOODIE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give year, date of service) <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HAZEL MOODIE?, HERMOSA, Calif</b>	ADDRESS _____
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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) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>None</b>
II. ANTECEDENT CAUSES  <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) _____		
III. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (c) _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1:00A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Quinton Tarver</b> (Degree or title) _____	23b. ADDRESS <b>Kennett, Mo.</b>	23c. DATE SIGNED <b>12-10-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-13-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN</b>	24d. LOCATION (City, town, or county) (State) <b>BAKERSFIELD, CALIF</b>
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DATE REC'D BY LOCAL REG. <b>12-14-55</b>	REGISTRAR'S SIGNATURE <b>J. J. Schuman</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>DAY FUNERAL HOME, MALDEN, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 12 1956

RECEIVED DUKEN COUNTY HEALTH  
DEPARTMENT 12-19-55  
COUNTY FILE NUMBER 1255-

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.....  
Signature of Student Embalmer

Signed *J. J. Scherman*

Licensed Embalmer No. 408

P. O. Address *Malden*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.