

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20869**

FILED JUN 20 1956

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 71 By Pass Highway		c. LENGTH OF STAY (in this place) 0		c. CITY OR TOWN Greenwood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mi. So. Lee's Summit				e. STREET ADDRESS (If rural, give location) Town 7000			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Wade c. (Last) Moffet			4. DATE OF DEATH (Month) (Day) (Year) June 2 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 17 1906	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10b. KIND OF BUSINESS OR INDUSTRY Gen. Labor		11. BIRTHPLACE (City and State or Foreign Country) Humeston Iowa		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Lewis W. Moffet			13b. MOTHER'S MAIDEN NAME Jessie May Morey			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 478-26-8789		17. INFORMANT'S SIGNATURE OR NAME Lewis W. Moffet ADDRESS Greenwood Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 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.				(a) Shock & Hemorrhage resulting from crushing injuries of chest.			
				DUE TO (b) Puncture wounds of chest, Bilateral			
				DUE TO (c) Hemorrhage; Compound fracture			
2. 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 Fract. lgs.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 100 Jackson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-2-56 6:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck car collision			
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 _____ m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Gen. C. Seabury, Deputy Coroner				23b. ADDRESS 6627 Pleasant Row		23c. DATE SIGNED 6-3-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 6/3/1956		24c. NAME OF CEMETERY OR CREMATORY Hamilton Cem.		24d. LOCATION (City, town, or county) (State) Pleasant Leon Iowa	
DATE REC'D BY LOCAL REG. 6/3/56		REGISTRAR'S SIGNATURE W. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Slade Funeral Home Leon Iowa			

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

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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.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No...3833

P. O. Address Louisiana, Summerville

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.