

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047192
STATE FILE NUMBER

300
1-57

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 2-59

1. PLACE OF DEATH
 a. COUNTY McDonald
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Noel Inside Limits Yes No
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At home Length of stay in lb 8 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY McDonald
 c. CITY OR TOWN Noel 6600 Inside Limits Yes No
 d. STREET ADDRESS Rt 1 (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Bernard Middle L. Last Moudy
 4. DATE OF DEATH Month 12- Day 6 Year 1958

5. SEX Male **6. COLOR OR RACE** White
7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Nov. 22 1892
9. AGE (In years at birthday) 66 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) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Rossville, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Ed Moudy **13b. MOTHER'S MAIDEN NAME** unkown **14. NAME OF HUSBAND OR WIFE** Leta Moudy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI
16. SOCIAL SECURITY NO. 507-03-4969 **17. INFORMANT** Leta Moudy Address Noel Rtl

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 1 HOUR
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Myocarditis Sev'l Ms.
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) 4261
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT **SUICIDE** **HOMICIDE**
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**
20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Noel COUNTY McDonald STATE Mo.

21. I attended the deceased from July, 1958 to Dec., 1958 and last saw ^{her} him alive on Dec. 1, 1958
 Death occurred at 3:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lead O'Hickey, D.O. **22b. ADDRESS** 2 Southwest City, Mo. **22c. DATE SIGNED** 12-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 12-9-1958 **23c. NAME OF CEMETERY OR CREMATORY** Noel Cemetery **23d. LOCATION** (City, town, or county) (State) Noel Mo.

24. FUNERAL DIRECTOR Humphrey & Son ADDRESS Noel, Mo. **25. DATE RECD. BY LOCAL REG.** Jan. 29, 1959 **26. REGISTRAR'S SIGNATURE** Mary A. Bradley

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, Coroner, etc. must use only standard embalmers in rural to. All diseases in Part I must be causally related.

1234 8 033

OCT 19 1960
FEB 17 1959

NOV 27 1960
VS

VS
MAR 29 1960

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 *R. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel Mo.

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.