

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007583

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 145

STATE FILE NUMBER

AMENDED

FILED FEB 16 1962

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u>	Length of stay in 1b <u>1 Hr.</u>	c. CITY OR TOWN <u>Gatewood</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Limits</u>		d. STREET ADDRESS (If outside, give location) <u>R#1</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Charlie Mizell Moody</u>			4. DATE OF DEATH Month Day Year <u>Feb 7 1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-5-90</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Craighead Co. Ark. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>J. L. Moody</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Griffin</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Moody</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Edna Moody Gatewood, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		<u>3 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>accident - Contaminated leg.</u>	<u>1 hour</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Struck leg by truck</u>
20c. TIME OF INJURY Hour <u>11:30</u> a.m. Month, Day, Year <u>2/7/62</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Tucker</u>	20f. CITY, TOWN, OR LOCATION <u>Ripley</u>	COUNTY <u>MO</u>	STATE
21. I attended the deceased from <u>June 1961</u> to <u>2/7/62</u> and last saw him alive on <u>1/25/62</u> Death occurred at <u>11:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Frank Johnson MD</u>	22b. ADDRESS <u>Doniphan Mo</u>	22c. DATE SIGNED <u>2/7/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal Feb 7 1962</u>	23b. STATE <u>MO</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gibson Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Craighead Co., Ark.</u>
24. FUNERAL DIRECTOR <u>Edwards Funeral Home</u>	ADDRESS <u>Doniphan Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-12-1962</u>	26. REGISTRAR'S SIGNATURE <u>Flava Bros</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

MAR 1 1962

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

Gene Starnent

Licensed Embalmer No. 4909

P. O. Address Naylor, 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.