

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026322
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 330

FILED AUG 6 1962

VS 300
Rev. 4/59

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DATE AMENDED
10-25-62
10-25-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
3 hrs. Betty Jo Golden
7 hrs. 16 min. Betty Jo Cox
13d

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY <u>CAPE</u> 7 hrs. 16 min.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u> Length of stay in lb <u>7 HRS.</u>		c. CITY OR TOWN <u>CHAFFEE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CAPE OSTEOPATHIC HOSP.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>301 HELEN AVE.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SUSAN (NMN) MOODY</u>			4. DATE OF DEATH Month Day Year <u>JULY 31, 1962</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-31-1962</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Does Not Apply</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>—</u> 7 hrs. Months Days Hours Min. <u>16</u>
11. BIRTHPLACE (City and state or country) <u>CAPE GIRARDEAU, Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH William MOODY</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY Jo GOLDEN-COX</u>	14. NAME OF HUSBAND OR WIFE <u>Does Not Apply</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>J.W. MOODY - CHAFFEE, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Congestion</u> 7 hrs. 16 min. <u>Intermittent</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Aspirations of Amniotic fluid</u> DUE TO (c) <u>Fetal anoxia in utero</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Intermittent</u>
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>7/31/62</u> to <u>7/31/62</u> and last saw her alive on <u>7/31/62</u> Death occurred at <u>1:25 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kenneth D. Bear DO Chaffee Missouri</u>		22b. ADDRESS	22c. DATE SIGNED <u>8/1/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-1-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEM. CHAFFEE Missouri</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS <u>Bisplinghoff FUNERAL HOME - CHAFFEE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 3-62</u>	26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Jack T. Burnett
Licensed Embalmer No. 4472

P. O. Address Chaffee, 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.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 08-11-2010 BY 60322 UCBAW/STP/STP